Running head: PCO PATIENT AND STAFF SATISFACTION

U.S. ARMY-BAYLOR UNIVERSITY

GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION

An Examination of the Relationship of the AMEDD Population Health Clinical Optimization Training with Change in Patient and Staff Satisfaction

A GRADUATE MANAGEMENT PROJECT SUBMITTED TO THE FACULTY OF THE U.S. ARMY-BAYLOR UNIVERSITY IN PARTIAL FULLFILLMENT OF REQUIREMENTS FOR THE DEGREE OF MASTER'S IN HEALTH ADMINISTRATION

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Abstract

Following the five-day AMEDD Population Health Clinical Optimization training at the Moore Clinic, Fort Hood, Texas, there was a statistically significant increase in patient satisfaction but no significant change in overall staff satisfaction. There were, however, many facets of staff satisfaction that showed significant changes following the training. The significant changes observed in staff satisfaction with workload, treatment team, facility, autonomy, organization, professional experience, patient relationships, efficiency, quality, pay and benefits, overall satisfaction with current position and plan to separate from current position were not universal across the primary care teams disciplines. Providers, Nursing Staff, Certified Nursing Assistants, and Administrative Support Staff indicated that the training experience and optimization activities following the training affected each of these groups differently. There were difficulties implementing all of the planned changes that emerged from the optimization training and this might have resulted in some of the decreased levels of staff satisfaction. Further study is indicated to provide more clarity on the value of this training.

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Introduction

Conditions which prompted the study

Reducing the rate of rising healthcare costs and maintaining the quality of medical care in the United States have both been critical issues for government policy makers and healthcare industry leaders for as long a time as most can remember. The Department of Defense (DoD) has not been immune to these challenges. The Military Health System (MHS), which has as its mission to provide health services and support to over 8.7 million beneficiaries (TRICARE Management Activity, 2002) worldwide, has attempted to mirror the strategies of the civilian medical community to reduce costs and ensure quality of services. The establishment of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) *demonstration projects*, the CHAMPUS Reform Initiative (CRI) and its successor TRICARE, were major attempts to apply civilian business management solutions to military medicine (Uniformed Services University of the Health Sciences, 2003). Rising healthcare costs, budgetary constraints, and a shrinking force structure prompted the MHS to look for ways to purchase care and improve access for its beneficiaries. The first generation of military managed care support contracts initiated the MHS to MCO (Managed Care Organization)-type business relationships (Anderson & Hosek, 1999). In the early 1990's, the TRICARE Management Activity (TMA) started to examine methods to improve the

business practices within the services' MTF's. The goal at this point was to find ways to recapture the patients (and dollars) that had been shifted outside of military facilities.

In February 1999, the MHS attempted to introduce another healthcare industry improvement to the delivery and efficiency of military medicine, this time directing the focus inside the MTF's with the MHS Optimization Plan. The MHS Optimization Plan's target was optimizing clinical and business practices through four business objectives:

> ...maintaining the health of the force through population health management, driving the demand for care provided to MHS beneficiaries, increasing the MTF's capacity to deliver services / care to MHS beneficiaries within direct care settings, and managing the MHS business effectively and efficiently (MHS Optimization Plan, 1999,pp. 1-2).

The concepts presented in the MHS Optimization Plan were given greater clarity in TMA's December 2000 release of the DoD Population Health Improvement (PHI) Plan and Guide. This guide provided more specific implementation plans for optimization, clinical reengineering and continued a transition in-line with the federal government's set of health objectives for the Nation, Healthy People 2010. The PHI Plan and Guide had in its foundation a transformation from medical care focused on episodic care to one of population health improvement and prevention (DoD TRICARE Management Activity, 2001). Its

implementation strategy identified the seven key process elements of population health improvement needed for optimization. These "Seven keys of PHI" detailed in the plan are: Identify the Population, Forecast the Demand, Manage Demand, Manage Capacity, Evidence-based primary, Secondary and Tertiary prevention, Community outreach, Analyze performance and health status (DoD TRICARE Management Activity, 2001).

While TMA continued to aggressively promote the primary care optimization (PCO) initiative from an MHS perspective, the individual military services have shown varying degrees of enthusiasm for PCO. Since the release of the Population Health Improvement Plan and Guide, the Air Force Medical Service and Bureau of Navy Medicine have both embraced the initiative in their own unique ways. Each has established an implementation and evaluation directorate focusing on optimization and population health. Training is conducted by a core group of subject matter experts, organizations are encouraged/directed to participate in this training, and facilities are evaluated in terms of their respective service optimization framework (AFMS, 1999; AFMS, 2002; Naval School of Health Sciences, 2002). Until recently, the Army Medical Department (AMEDD) has limited its primary care optimization activities to those at the TMA level.

In April 2002, the AMEDD established a working team to develop a template for a training and evaluation program of business process reengineering (BPR) for primary care activities

in Army MTF's. The AMEDD Population Health Primary Care Optimization (APCHO) team's membership included Army Medical Command (MEDCOM) representatives from clinical and business directorates. The APCHO team used the guidance found in the Population Health Plan and Guide to create their training and evaluation plan. The proposed training and evaluation plan followed the strategies found in the seven keys of PHI. The group's charter called for APCHO training at two test sites to evaluate the program's effectiveness. Fort Bliss and Fort Hood were selected as the test sites, in part, because each of these sites received funding under related TMA initiatives to improve access to care. These monies enabled the pilot sites to hire recommended support staffing, perform construction projects to optimize use of available space, and remove other barriers to care unique to each facility.

While some of the "optimization" process can be accomplished through directives and, where necessary, financial expenditures to purchase personnel and space and by the implementation of enrollment/capacity plans, a major component of successful optimization hinges on the primary care staff's understanding of the elements of population health and primary care optimization business process reengineering. It is only with an understanding of the BPR and PHI concepts that the primary care staffs can effectively analyze their own business practices and implement changes. The goal of the APCHO training

is to provide the entire primary care team with this essential knowledge.

The APCHO team considered several potential measures to assess the degree of optimization. A combination of APHCO-developed and pre-existing metrics was utilized in this process. The metrics selected for use measured the extent to which facilities were managing enrollment capacity, maintaining support staff ratios, decreasing unnecessary emergency room use and preventable admissions, and improving access to care. In addition to these metrics, measures of patient and staff satisfaction were identified as critical to the assessment process (Appendix A).

The APCHO training program was piloted during a train the trainer program at Fort Sam Houston's AMEDD Center and School in September 2002. Leadership representatives from each of the two test sites were present at the training and provided feedback on its content. The APCHO team then traveled to Fort Bliss, Texas to provide the five-day training program to the primary care staff of William Beaumont Army Medical Center (WBAMC). The staff of the Consolidated Troop Medical Clinic (CTMC) and the Primary Adult Medicine Clinic (PAMC) participated in the training. The APCHO team assessed clinic operations during the morning hours. Both clinics ceased operations during the afternoon hours to allow for the entire staff to participate in the training program. Considerable preparation was made to

notify the beneficiaries impacted by the curtailed operations during this timeframe. The community was informed that the closure was necessary so that the staff could improve the delivery of care to its customers. Discussions with the WBAMC leadership following the training indicated that there were no negative consequences resulting from the curtailment of services during that training week. Post-course evaluations indicated that the training was extremely well received by the staff and leadership at WBAMC. Training of the Moore Clinic staff at Fort Hood, Texas was conducted in mid-November 2002.

Overview of Thomas Moore Clinic, Fort Hood, Texas

The Thomas Moore Health Clinic (TMHC) is located at Fort Hood, Texas and falls under the Department of Family and Community Medicine, Darnall Community Hospital. At 64,000 square feet of space and with 74 exam rooms, the Moore Clinic is one of the largest clinics in the Department of Defense. After opening in February 2002, the enrollment of the clinic has gradually risen to over thirty thousand. The clinic has been increasing the number of providers and support staff to care for the rising enrollment. The current staffing is summarized in Table 1.

Statement of the Problem or Question

The AMEDD Population Health Primary Care Optimization team was chartered to develop a training plan that would implement the MHS guidelines contained in the Population Health Plan and

Guide in Army MTF primary care activities. Many aspects of primary care optimization can be initiated remotely by funding and implementation of policies related to PCO. The proposed five-day training program developed by the APCHO team involves some moderate disruptions to the delivery of primary care during the training week. The team feels that this is necessary in order to involve the entire primary care team in the education process. Major General Kenneth Farmer, U.S. Army Deputy Surgeon General, after being briefed on the progress of the APCHO team, made the statement " ...we better show that this makes a difference if we want the initiative to continue in the future..."(APHCO Update VTC Briefing, 6 November 2002). This statement was the key driver in formulating the research question for this study: Did the application of some of the principles involving primary care optimization and, more specifically, the weeklong APCHO training have a positive impact on the provision of patient care at the Moore Clinic? Were there other facets of healthcare that were impacted by the training?

Literature Review

Most theories involving the process of managing successful organizational change have several common attributes. Strategies for total quality management (TQM), continuous quality improvement (CQI), and business process reengineering (BPR) require organizations to identify the various stakeholders

of change, include them in the planning and implementation process for change, and monitor the eventual effects that the change has on these respective stakeholder groups (Shortell & Kaluzny, 2000; Ho, Chan, and Kidwell 1999). Stakeholders can be both internal and external to the identified change (Ginter, Swayne, & Duncan, 1999). They can be active participants in the change and/or beneficiaries of its outcomes. The outcomes of the change must also be in line with the organization's overall goals. Having both a satisfied workforce and satisfied customers is key to the success of any attempt organizational change (Gordon, 1999). At this point, the inclusion of staff and patients in the evaluation process with changes in healthcare delivery seems intuitive.

Staff Satisfaction

Why do we care about staff satisfaction? Recruiting, hiring, and retaining qualified personnel to staff healthcare facilities is a complicated process demanding constant attention (Fried & Johnson, 2002). Personnel shortages and surpluses plague the healthcare industry as organizations seek to maintain their workforce. As the center of gravity for the provision of patient care in the United States has shifted from the hospital to the outpatient and ambulatory care locations (Barton, 1999), organizations have struggled to balance the needs of the business, patients, and staff (Kongstvedt, 2001).

Karl Pillemer, in a 1995 interview, stated that the failure to manage staff satisfaction has been associated with a "vicious cycle" where staff recruitment is difficult, turnover is high, and those left behind are forced to work harder and longer resulting in still greater dissatisfaction and burnout (Peck, 1995). This cycle has been seen across all disciplines in the healthcare workplace to include physicians, non-physician providers, nursing staff and other support staff (Williams et al., 2001; Fletcher, 2001; Mesirow, Klopp, and Olson, 1998). Tai and Robinson (1998) cited the extensive direct and indirect costs of staff turnover. Direct costs were noted to be advertising, recruiting, and other hiring costs. The indirect costs were identified as those involved in termination, orientation, training, decreased productivity and impact on quality of patient care (Tai & Robinson). The financial costs of employee dissatisfaction are severe in many cases and are forcing organizations to actively manage the satisfaction of their workers in order to remain financially viable in the competitive healthcare marketplace (Buchbinder et al., 1999).

Aside from the purely financial implications of staff retention, maintaining satisfaction among employees has other key associations. Several studies have shown a relationship between staff satisfaction and staff productivity. A correlation has been demonstrated between increased staff satisfaction and higher performance ratings (McNeese-Smith,

2001). Tri (1991) expanded on the 1987 study by Sanford that showed a connection between high levels of nurse satisfaction and increased productivity measures.

There are also adverse health costs with dissatisfied workers. The physical and mental toll related to stress associated with workplace dissatisfaction was shown in many studies to be considerable (Williams et al., 2001). Poor workplace satisfaction has been associated with higher levels of absenteeism and increased use of sick leave (Fletcher, 2001; O'Rourke, Allgood, VanDerslice, & Hardy, 2000; McNeese-Smith 2001).

As previously stated, much of the staff satisfaction data can be applied across the many healthcare disciplines. Linn et al. (1985) detailed the significant relationship between the two variables when exploring the job satisfaction of physicians. There are some important issues that are unique to professional nurses. The current nursing shortage makes job satisfaction a critical variable to be considered by healthcare organizations (Fletcher, 2001). The aging nursing workforce and shrinking enrollments in nursing schools have been a cause of concern for the last 20 years and a reversal of these trends is unlikely (Spratley, Johnson, Sochalski, Fritz, and Spencer, 2000; Buerhaus & Auerbach, 2000;Shortell & Kaluzny, 2000). Cost cutting strategies of MCO’s have resulted in a workforce that has been described as “unhappy and angry” (Fletcher, 2001, p.

326). Fletcher (2001) also describes another vicious cycle where the dissatisfied nursing workforce passes this attitude to nursing students and to those considering nursing as a profession thus perpetuating the shortage even further.

The value of support staff to organizations is a new area of study. Gradually, their value to the organizations are being discovered as critical to the success of the healthcare delivery team. Certified Nursing Assistants (CNA's) and front desk staff are considered to be the frontline of the care team (Mesirow, Klopp, & Olson, 1998). Their interaction with patients is sometimes greater than other members of the team and frequently sets the tone for the patient encounter with the organization. Studies have shown that patients often base their level of satisfaction with the organization on satisfaction with the front desk staff (Kravitz, Thomas, Sloss, and Hosek, 1993, Tri, 1991). Maintaining the satisfied support staff is critical to the success of the healthcare team.

Patient Satisfaction

The requirement for the healthcare industry to concentrate on patient satisfaction can be explained in many ways. Businesses have always known that customer satisfaction is an important component of success. How else could a business expect to thrive if it was not demonstrating a commitment to its customers? The healthcare industry was a latecomer to this reality (Choong, 2000). Traditionally, healthcare looked to the

internal measures of productivity and efficiency as their barometers of success. Patients were uninformed consumers who were considered "beneficiaries" of the industry's talents and services. As healthcare began to acknowledge the idea of patient rights and technology such as the internet began to give patients the information to make informed choices, the industry began to shift its attention to quality of care and patient satisfaction (Choong, 2000).

The healthcare industry needs to manage patient satisfaction because it makes good business sense. The U.S. industry seems to have been partially successful in stemming the rising rate of healthcare expenditures (Kongstvedt, 2001). After managed care began to control costs, competition emerged among physicians and delivery systems as they began to vie for the dollars of the newly empowered healthcare consumers (Roth & Schoolcraft, 1998). The new "business" of healthcare indicated that it would begin to look at its business practices like any other service industry (Mertz, 1999). Customers were looking beyond price and starting to look at the quality of the product they were purchasing (Larkin, 1998). Many studies have demonstrated that patient satisfaction is a strong indicator of healthcare quality (White, 1999, Medina, Goldszer, and Krupinski, 2001) and show correlations to increased compliance with medical treatment plans and better outcomes (Kaplan, Greenfield, & Ware, 1989). Also, satisfied patients are more

likely to return to a physician or hospital, and less likely to disenroll from a health plan (Ware & Hays, 1988, Weiss & Senf, 1990). It seems clear that patient satisfaction is important to the bottom line of businesses in the healthcare industry (Hiidenhovi, Nojonen, and Laippala, 2002).

Another reason patient satisfaction is important to healthcare organizations is its growing importance to industry regulators, leaders, and watchdog agencies. Massachusetts, California and Pennsylvania are just a few of the state regulating agencies that are incorporating patient satisfaction into their accreditation and purchasing processes (Jaklevic, 1996, MGH Hotline, 1998). Consumer Reports Magazine recently published a report on how to evaluate potential hospitals by providing links to report cards that include satisfaction data (2003). Evidence of this trend can also be seen internationally as the British National Health Service has also demonstrated growing focus on patient satisfaction (Fitzpatrick, 1991). The National Committee for Quality Assurance (NCQA) has added patient satisfaction to their Health Plan Employer Data and Information Set (HEDIS) indicators that are used as report cards for managed care organizations (Thomas, 1998). If this was not proof enough of the criticality placed on patient satisfaction, the possibility has been raised in the past that providers might risk having poor satisfaction reports forwarded to the National Practitioner Data Bank which would jeopardize their future

employment options (1998). There have also been published studies and commentaries in the Journal of the American Medical Association and the Archives of Internal Medicine on the negative correlation between patient satisfaction and malpractice risk (Sage, 2002, Hickson et al. 2002, Forster, Schwartz, & DeRenzo, 2002). Finally, it seems as if the healthcare industry is now making itself accountable for patient satisfaction.

Purpose

The purpose of this study is to determine the possible impact of the AMEDD Population Health Primary Care Optimization one-week training program on two distinct variables: staff satisfaction in a primary care clinic test site of the APCHO program; and patient satisfaction in a primary care clinic test site of the APCHO program. The hypotheses are: a) that there is an improvement in staff satisfaction after the staff have undergone the APCHO one-week training program and b) that there is an improvement in patient satisfaction after the staff have undergone the APCHO one-week training program. Addressing these hypotheses might indicate the value of implementing the training program as a continued part of the AMEDD Primary Care Optimization initiative.

Methods and Procedures

Staff Satisfaction Survey Tool

A fifty-one-question survey was developed to measure current staff satisfaction and knowledge/awareness of the APHCO content (Appendix B). Since the study was focused on the staff at a single clinic, it was thought necessary to limit the number of demographic questions that might infringe on the anonymity of the respondents. A single question was used to determine the role of the respondent: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Practical Nurse (LPN), Army Medic (91W), Certified Nursing Assistant (CNA), Medical Clerk, and Medical Record Coder. One question identified the respondent as Military, Civilian or Contract personnel. The tool also included a question to determine whether the staff had received any previous instruction in population health primary care clinical optimization. Several questions also measured the current knowledge level of five facets of the APHCO training program (questions 46-51). The remainder of the survey questions were taken from a previous research study and modified for use in this study (Johnson, 2001). The survey utilized a seven-point scale with responses ranging from 1 (very dissatisfied) to 7, (very satisfied). Survey questions divided 35 components of staff satisfaction into ten construct categories: satisfaction with the workload; satisfaction with the treatment team; satisfaction with facility; satisfaction with practice autonomy;

satisfaction with the organization; satisfaction with professional experience; satisfaction with patient relationships; satisfaction with treatment team efficiency; satisfaction with the quality of medical care; and satisfaction with pay and opportunities for advancement. The measure of overall satisfaction was addressed in a single question. The final page consisted of two questions: "What would make this practice better for patients?" and "What would make this practice better for staff?" These questions were used in previous APHCO training evaluations to find common concerns or comments from the staff. Prior to the APHCO training, the survey was distributed to all members of the Moore Clinic staff to include providers, nursing staff, medical clerks, and medical record coders. Completed surveys were collected by team leaders and returned to the researcher.

Approximately 4 months following the APHCO training, a follow-up survey was performed using a slightly modified survey tool. The follow-up survey included several questions that determined the respondents' level of participation with the APHCO training. A single question asked if they attended the training: yes or no. Those who attended the training were then asked to select the number of days they participated in the training selecting from a range of one to five days. To evaluate their attitudes on perceived usefulness of the training, a question was added using a seven-point scale fixed

at three points: 1 (Strongly Disagree), 4 (Agree), 7 (Strongly Agree). The APHCO training was intended to genesis a variety of optimization activities and initiatives for the primary care teams to continue following the training and discussions. To measure the amount of activity generated from the training a question was added that asked the respondents to quantify the amount of time they were involved in activities relating to the APHCO initiative using the following possible selections: 0 = no time at all, 1 = every other month, 2 = monthly, 3 = every other week, and 4 = weekly.

The responses to the survey questions were entered into SPSS version 11.0 for descriptive and inferential statistics. Each of the ten domains of staff satisfaction was computed by averaging the scores of the various facets of satisfaction contained in that domain. Knowledge of key concepts from the APHCO training were handled in a similar manner.

The analysis consisted of several steps. First, the satisfaction levels were measured for the initial and follow-up surveys. Second, an evaluation of any increases or decreases of satisfaction between the two surveys was performed. Next, the changes were reviewed for the statistical significance of any of the identified changes. Finally, the measures were evaluated for the presence and strength of any relationships that might exist between the facets of satisfaction.

The significance of changes in staff satisfaction between the initial and follow-up surveys was measured using Mann-Whitney U tests. Significant correlations were evaluated using Spearman's Rho. The researcher also transcribed the written comments from the staff.

In order to provide further clarity, results were analyzed and reported by functional working groups within the primary care teams. All statistical tests were performed on the following groupings of the staff: *All Staff* (included all team members), Providers (Physicians, NP's, PA's), Nursing Staff (RN's and 91W's), CNA's, and Administrative Support Staff (medical clerks and coders). CNA's were separated from the nursing staff because of their large numbers. Another group, *Attended APHCO*, was used to evaluate potential differences among the staff that attended the APHCO training. The Spearman Rho tests were performed on each of these groups from their combined scores from both the initial and follow-up surveys.

Reliability and Validity of the Staff Satisfaction Survey Tool

The reliability of the survey tool was measured by using Chronbach's Alpha. Each of the ten satisfaction component groups was measured and found to have Alphas between .7380 and .9464 (Tables 2 and 3). Similar to what was reported in the Johnson study (2001), the Alpha between questions forty-four and forty-five was found to be below the reliability threshold and

the two questions were examined separately. The remainder of the domains were above the .70 level which is the measure for internal reliability.

This survey tool was taken from other survey tools that have been validated for both content and construct design (Byers, 1999; Johnson, 2001; Kravitz et al., 1993). The survey was pilot tested on ten healthcare providers prior to initial administration to Moore Clinic staff. One typographical error on the survey instrument was identified and corrected during the pilot study.

Patient Satisfaction Survey Tool

A seventeen-question survey tool was developed by the researcher to measure patient satisfaction before and after the APCHO training program (Appendix C). The initial surveys were administered over a five-day period prior to the completion of the training program by doing a point of service survey technique (Cooper & Schindler, 2001). The Moore Clinic offers an ideal layout that funnels all patients through one building exit near the Pharmacy. Patients were asked to voluntarily complete a survey on their clinic encounter that will be used to evaluate improvements in the Moore Clinic. Because the exit is next to the pharmacy, patients were often able to complete the survey while waiting for their prescriptions. For those patients exiting without the need for a prescription, there was an area with a place to stand or sit while completing the survey. The

survey took approximately five minutes to complete. The survey process was repeated approximately four months following the completion of the APHCO training. This allowed enough time for the clinic staff to assess and implement some, but certainly not all, of the changes identified during the training.

Several initial questions were utilized in the survey to establish the beneficiary category and reason for the visit. These questions were essential to evaluate the differences in satisfaction related to specific patient encounters and to specific categories of beneficiary. Active duty service members are often seen for their primary care needs in what is known as *sick call*. Sick call is often a source of poor patient satisfaction as these encounters are frequently associated with a "cattle-call" mentality. Soldiers arrive en mass and without an appointment at the beginning of the duty day where they wait for varying times to be seen by a provider. This standard of care is perceived as different than those encounters where each individual is scheduled for an appointment. If a soldier is sick or injured at the start of the day, Sick Call is usually the only option for primary care. Differentiating between soldiers and family members was important to determine if optimization changes the satisfaction of soldiers and/or family members. Included in these initial questions was one question to determine the beneficiary status of the respondent: Active Duty, Family Member of Active Duty service member, Retired

service member, or Family Member of retired service member. One question was included to establish the type of appointment the respondent was being seen for: Sick Call (Active Duty only), Same Day appointment (Family members), Routine scheduled appointment, and "Walk-in."

The military health system recognizes that many patients make appointments to see providers when all they desire is to secure some sort of over-the-counter medicine to treat their non-urgent conditions. Self-care programs are designed throughout the MHS to reduce demand for appointments by allowing patients to receive certain non-prescription medications from the pharmacy without the requirement to see a provider. The programs vary in their intensity to reach the communities to which they serve. They all require patients to participate in some sort of educational activity in order to be eligible for this benefit. In many cases, this has been an effective tool to reduce demand on the appointment system. Darnall Army Community Hospital has such a program but it is not well publicized and requires a 3-hour class. There have also been challenges in pushing this class to the active duty population. Part of the APHCO training involves reducing demand where possible. The self-care program is one possible way for the Moore Clinic to decrease demand on their appointment system if it is incorporated into the clinic processes. Question three on the survey measures patient awareness of the program by asking them

if they would have waited to see a provider if they could have signed out some over-the-counter medications from the pharmacy. It is assumed that this measure would provide an indication of the number of appointments that might have been made available to other beneficiaries had the program reached these patients.

Three questions were developed to determine the respondent's familiarity with the MHS Primary Care Manager By Name (PCMBN) initiative. This program provides for continuity by providing every beneficiary with a primary care manager (PCM) who, in theory, will manage this patient's care. Continuity is essential to improved outcomes and has also been associated with higher levels of satisfaction. The MHS PCMBN initiative is an important component of the Population Health Primary Care Optimization initiative and training. TRIWEST, one of the TRICARE managed care support contractors provided an excellent explanation of the initiative on their website (Appendix E). One question asked if the patient was familiar with the term Primary Care Manager to assess the sample's awareness of the program. Two other questions determined if the patient knows the name of his or her PCM and lastly, whether he or she saw their PCM for that appointment.

Patient satisfaction measurements were measured with eleven questions taken from the DoD monthly satisfaction tool. The DoD satisfaction tool has been used since 1995 and has been found to be a reliable and valid survey tool (TRICARE Management

Activity, 2002). Unfortunately, the DoD survey is administered in such a manner that timely reporting of the results is not possible. There is over a six-month lag from the time of the visit to the time the results of the survey are made available to the commands. Since the Moore Clinic has only been in existence since February 2002, there is no historical DoD survey history available. It was, however, thought to be essential to utilize a tool similar to the DoD survey so that the data collected at the Moore Clinic could be compared against the historical results from the Darnall Primary Care system.

The three constructs measured in the DoD Patient Satisfaction Survey are quality of care, access, and ancillary services. All of these constructs are addressed in the APHCO training program. Limiting the number of questions is an important factor in increasing the return rate and completeness of survey tools (Cooper & Schindler, 2001). Research has shown that the seventeen-question DoD satisfaction survey could be narrowed to eleven questions that are highly predictive of satisfaction (Ueoka, Rogers, & Hamilton, 2002). These eleven questions were utilized in the survey tool for this study. Satisfaction with the quality of care was found to have the most predictive value for overall satisfaction. A final question was used to determine overall satisfaction with this clinic encounter. All of except three of the questions utilized a Likert scale with five possible responses ranging from *Poor*,

Fair, *Good*, *Very Good* to *Excellent*. According to the TRICARE Operational Performance Statement (TOPS) handbook (2002), respondents averaging a rating between "Good" and "Excellent" are considered to be satisfied. Question eight asked patients if they would recommend the provider they saw to friends or family. This question has a four point scale with the following responses: 1 = Definitely Not, 2 = Probably Not, 3 = Probably Yes, and 4 = Definitely Yes. Satisfaction with this area is indicated by selections of 3 or greater. To measure access to care, question 8 asked patients to rate the number of days between the day the appointment was made and the day they saw the provider. Respondents could choose: Same Day, 1 day, 2-3 Days, 4-7 Days, 8-14 Days, 15-30 Days, More than 30 Days, or *walked in*. The acceptable access standard according to the TOPS handbook is 4-7 Days. The final question measured overall satisfaction with MTF visit utilizing a seven-point scale with possible responses ranging from 1 = *completely dissatisfied* to 7 = *completely satisfied*. Average ratings of 5 or higher were considered to be an indicator of satisfaction (2002).

The follow-up survey differed only with the addition of one question. The question was put to family members asking,

> In light of the recent deployments, do you plan on remaining in the Fort Hood area and continuing to utilize the medical services at the Moore Clinic and at Darnall Army Community Hospital? (Appendix C)

It was added in lieu of the potential impact from massive deployments of Fort Hood military personnel in support of Operation Iraqi Freedom. The results from this question were given to the command but will not be reported here.

Reliability and Validity of Patient Satisfaction Survey Tool

After a pilot test in 1997, the questions from the DoD Customer Satisfaction Survey have been successfully used to measure three determinants of satisfaction; access, quality, and interpersonal relationships in MHS healthcare. Analysis has shown these to have excellent validity and reliability. The questions measuring these constructs have been analyzed for inter-item reliability using Chronbach's Alpha and were all found to be above the .70 threshold for reliability (TRICARE Management Activity, 2002). The Alpha measure from the initial patient satisfaction survey was .9321. Studies of the questions' internal consistency validity have demonstrated them to all be above the .40 threshold (TRICARE Management Activity). The patient satisfaction survey tool and survey process for this study were piloted at the Moore Clinic a month prior to the actual survey. Thirty patients completed surveys and feedback was solicited as to the clarity and content of the survey tool. There were no problems identified with the survey tool or its administration process.

Results

Descriptive Statistics: Staff Satisfaction

Prior to the initial survey, a total of ninety-five staff members were identified as members of Thomas Moore Health Clinic's primary care delivery teams. Team members consisted of physicians, physician assistants, nurse practioners, registered nurses, licensed practical nurses, certified nursing assistants, Army medics (91W), medical clerks, and medical record coders. Surveys were returned by 80 staff members for the initial survey and 75 staff members for the follow-up survey (Tables 5,6). The population surveyed for both surveys was largely identical with a few exceptions. Some staff members were on leave or unavailable during the initial survey and there have been several new hires since November 2002. Active Duty comprised 12.5% of the respondents for the initial survey, Civilian Government Service (GS) 18.8%, and Contractors, 68.8%. The follow-up survey respondents were comprised of 6.7% Active Duty, 20% Civilian GS, and 73.3% Contractors. The drop off in the Active Duty respondents was largely due to the fact that many of the active duty Moore Clinic staff were deployed in support of Operation Iraqi Freedom.

APHCO Training Questions

Tables 7 and 8 contain summary percentages of staff reporting previous training on population health primary care optimization. Most of the staff reported that they have received no formal instruction other than the APHCO training.

Only 3.8% of respondents to initial survey and 6.7% of respondents on the follow-up survey indicated any previous formal instruction.

Table 9 contains information on staff attendance at the APHCO training in November. Seventy-six percent of the staff in the follow-up survey indicated that they attended at least part of the training. Fifty percent of providers (physicians, PA's, and NP's), 91% of nursing staff (RN's, LPN's, 91W's, and CNA's), and 67% of the administrative staff (medical clerks and coders) attended at least part of the training. Of those respondents who stated that they attended at least part of the training, 87% indicated that they attended four to five days of the five-day training program (Table 10, Figure 1).

The follow-up survey asked the staff to respond to the statement "I found the APHCO Training to be useful in my efforts to improve the delivery of patient care in my clinic." On the seven-point scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree), the average was 4.67, indicating a positive feeling about the training among the total staff. A further stratification of the functional area responses shows providers indicating the lowest "usefulness" score for the training (n=10, mean = 3.8) and nursing staff with the highest (n= 39, mean = 4.87, Tables 11,12).

A series of questions measured the self-reported knowledge of some of the key facets of the APHCO training program

(Questions 46-51). An analysis of the responses is included later in this section.

The last question unique to the follow-up survey asked how much time the staff was spending on optimization related initiatives either with their primary care teams or with clinic leadership. The five possible answers ranged from 0 (no time at all) to 4 (weekly) with a reported mean of 1.32 (Tables 13-15). Fifty-seven percent of staff reported spending *no time at all* on optimization activities while 24 percent reported *weekly* optimization activities. One hundred percent of active duty indicated spending time on optimization activities *weekly* while 47 percent of GS and 65 percent of Contractors reported spending *no time at all*.

The descriptive analysis of the staff satisfaction domains is reported by functional group. Six groups were identified for this analysis: *All Staff*, Providers, Nursing Staff, CNA, Administrative Support Staff, and *Attended APHCO*. The *All Staff* group consisted of the results for the staff as a whole. Providers were comprised of physicians, nurse practitioners and physician assistants. Nursing Staff consisted of RN's, LPN's and 91W's. CNA's were separated because of their relative large numbers. Administrative Support Staff included medical clerks and medical record coders. *Attended APHCO* was used to describe staff from the follow-up survey that attended the APHCO

training. Their results are compared with the *All Staff* results from the initial survey to assess changes between surveys.

Satisfaction with Workload

Overall satisfaction with workload was measured using the two facets of satisfaction (Table 2), satisfaction with leisure time and satisfaction with pace of work (Table 16). The initial survey showed that CNA's and Nursing Staff were most satisfied with overall workload. Providers and Administrative Support Staff were the least satisfied. In the follow-up survey, CNA's and Nursing Staff's satisfaction in this area declined, while Provider's showed a slight increase. The Administrative Support Staff's satisfaction remained the same. Those attending the APHCO training, when compared to the initial survey, had a slightly larger decrease in satisfaction with overall workload than the staff as a whole.

Table 17 shows the results of staff satisfaction with the level of leisure and family time. Providers and Administrative Support Staff were the least satisfied and were both within two standard errors of the mean score from neutral satisfaction. The follow-up survey showed that the entire staff mean declined, Administrative Support Staff remained essentially neutral, and CNA's and Nursing Staff declined.

Results measuring satisfaction with the pace of work are reported in Table 18. Again, CNA's and Nursing Staff were the most satisfied and Providers and Administrative Staff were least

satisfied in this area. Providers were neutral in this area while the remainder of the staff showed positive satisfaction. The follow-up survey results show an overall decrease in satisfaction in this area, very similar to what was found with those attending APHCO.

Satisfaction with Treatment Team

Overall satisfaction with the treatment team was calculated from the averages of the following six areas: CNA support, RN support, Medical Clerk support, access to medical records, provider support, and treatment team teamwork (Table 2). All staff reported satisfaction above neutral for overall satisfaction with treatment teams in the initial survey (Table 19). CNA's showed the highest level of satisfaction and providers the lowest in the first survey. Provider satisfaction did not change in the follow-up survey, while Nursing Staff and CNA's decreased but stayed above the neutral rating.

Tables 20-22 and 24 list the results of the questions pertaining to satisfaction with the various treatment team members. The initial survey results indicated that all staff members were satisfied or neutral with all members of the primary care teams. All respondent groups showed highest satisfaction with the groups to which they belonged. Other than that pattern, Providers and Nursing Staff rated CNA's the highest while CNA's and Administrative Support Staff gave their highest satisfaction ratings to Providers. Satisfaction

decreased for all primary care team groups in the follow-up survey. While CNA's continued to report highest satisfaction with CNA's, the other groups showed a change in which groups they gave their highest satisfaction levels. Providers, Nursing Staff, and Administrative Support Staff indicated highest satisfaction with Medical Clerks, CNA's, and Providers respectively. Those who attended the APHCO training reported larger decreases in satisfaction when compared with the entire population in the follow-up survey.

When asked about their satisfaction level with medical record availability, the entire staff responded with neutral satisfaction in the initial survey (Table 23). Providers gave this facet the lowest ranking. The follow-up survey indicated slight decreases in satisfaction with medical records availability. All groups remained neutral with the exception of CNA's, who indicated a less than satisfied response.

Staff satisfaction with teamwork was measured with question 11 on both the initial and follow-up surveys and the results are reported in Table 25. The staff as a whole reported their satisfaction with the treatment team teamwork as above neutral. CNA's had the highest satisfaction levels and Administrative Support Staff lowest. Changes in the follow-up survey indicated a decrease in the level of satisfaction in this area, with the exception of the Administrative Support Staff who reported an increase raising their level of satisfaction to above neutral.

Satisfaction with Facility

The overall satisfaction with the treatment facility was evaluated with three questions: satisfaction with facility exam rooms, satisfaction with facility layout, and satisfaction with number of exam rooms per provider (Table 2). The "All Staff" overall satisfaction level with the treatment facility was above neutral, with all treatment team groups reporting above neutral levels except for Nursing Staff (Table 26). Nursing Staff satisfaction level was neutral for the initial survey but changed to above neutral in the follow-up survey. All other groups showed decreased satisfaction with the facility in the follow-up survey.

Staff satisfaction with facility exam rooms (Table 27) and facility layout (Table 28) showed satisfaction levels similar to the overall category. Again, Nursing Staff moved from neutral to above neutral in the follow-up survey. "All Staff" levels decreased slightly with a slightly larger decrease in satisfaction seen with those who attended APHCO training. Table 29 summarizes the staff satisfaction with the number of exam rooms per provider. The follow-up survey demonstrates a slight decrease in "All Staff" level of satisfaction with this area. Providers had the highest level of satisfaction in the initial survey, had the biggest drop among all of the groups, and shifted to near the lowest level in the follow-up survey.

Satisfaction with Autonomy

Overall staff satisfaction with practice autonomy was evaluated with four questions on the staff satisfaction survey (Table 2): satisfaction with practice autonomy, satisfaction with scheduling autonomy, satisfaction with process autonomy, and satisfaction with utilization of clinical abilities within scope of practice. The "All Staff" levels of satisfaction with autonomy were above neutral in both the initial and follow-up surveys (Table 30). In the initial survey, CNA's had the highest level of satisfaction and providers the lowest. The largest change between the two surveys was seen in the CNA's who indicated a decrease in satisfaction with overall practice autonomy. All groups registered a decrease in satisfaction in this area except for the Providers.

Tables 31-34 summarize the staff satisfaction with the 4 facets of practice autonomy. In answering the question pertaining to satisfaction with staff's ability to provide patient care according to one's best judgment, Providers indicated the lowest level of satisfaction in both the initial and follow-up surveys despite showing the greatest increase between the two surveys. CNA's had the largest decrease in satisfaction in this area. While the staff as a whole showed no change in satisfaction between the initial and follow-up surveys, those who attended APHCO showed a slightly greater decrease in satisfaction in this area.

Responding to the question about satisfaction relating to the ability to initiate changes in the way work is done in the clinic, Providers, again, had the lowest levels of satisfaction and had the largest increase between both the initial and follow-up surveys (Table 32). CNA's had the highest levels of satisfaction in the two surveys but also registered the largest decrease in satisfaction. There was little difference with those who attended APHCO training in this area.

The "All Staff" satisfaction with the ability to make changes in the work schedule shifted from satisfied to neutral between the initial and follow-up surveys (Table 33). CNA's had the largest decrease in satisfaction with this area and Providers the largest increase. Those who attended APHCO showed a higher level of satisfaction in the follow-up survey.

Responses to staff satisfaction with the utilization of clinical abilities within their scope of practice partially differed from the previous autonomy questions (Table 34). Although CNA's continued to have the highest levels of satisfaction in this area, Nursing Staff indicated the lowest satisfaction levels. Nursing Staff was neutral with this facet while all others were satisfied. All groups showed a decline in satisfaction in the follow-up survey with the Administrative Support Staff indicating the largest decrease in satisfaction. APHCO attendees had a smaller decrease in satisfaction in this area.

Satisfaction with Organization

Overall staff satisfaction with their organization was measured with four questions (Table 2): staff satisfaction with local leadership emphasis on primary care, general satisfaction with local leadership, satisfaction with AMEDD leadership, and satisfaction with the amount of data provided by leadership to aid in decision making. The "ALL Staff" measure indicated that the staff was satisfied in this area (Table 35). Nursing Staff and CNA's were satisfied and Providers and Administrative Support Staff had neutral satisfaction. In the initial survey, CNA's rated their satisfaction highest and Providers the lowest. In the follow-up survey, Providers had the largest increase in satisfaction and the CNA's the largest decrease in satisfaction. Nursing Staff also had a decrease in satisfaction with the organization measure.

Satisfaction with the emphasis local leadership places on primary care is reported in Table 36. While all of the respective groups were satisfied with this area in the initial survey, the follow-up survey indicated that satisfaction levels decreased. Nursing Staff, CNA's, and Administrative Support Staff all reported neutral satisfaction on the follow-up survey for this area.

Table 37 shows the satisfaction with local medical leadership. The "All Staff" measure indicated that the staff was satisfied with local leadership, however, Providers and

Administrative Support Staff registered neutral on the initial survey. Both of these groups showed increased satisfaction on the follow-up survey, which indicated that they were satisfied with local medical leadership at that time. The largest changes were seen in the CNA's and Nursing Staff as they shifted from satisfied to neutral in the follow-up survey. Satisfaction with AMEDD leadership is reported in Table 38. The "All Staff" measure indicated satisfaction in both the initial and follow-up survey. The largest change in satisfaction with AMEDD leadership was seen with the positive shift in Providers. CNA's reported a decrease in satisfaction with this area on the follow-up survey.

The staff was satisfied with the amount of data provided by the leadership to aid in decision-making (Table 39). There was essentially no change in the overall staff's level of satisfaction between the two surveys. Providers had the least amount of satisfaction with this area, rating it as neutral in both surveys. The Administrative Support Staff registered the largest positive change in satisfaction with this facet of organizational satisfaction.

Satisfaction with Professional Experience

Six facets of satisfaction were used to measure the staff's satisfaction with professional experience (Table 3): interaction

with other team members, training, scope of practice, participation with teaching activities, ability to contribute to health of patients, and value of individual role on primary care team. "All Staff" were satisfied with overall professional experience on both surveys despite a decrease on the follow-up survey (Table 40). Results for the initial survey showed CNA's were most satisfied and Administrative Support Staff the least satisfied. A decrease in Nursing Staff satisfaction on the follow-up survey showed them to be the least satisfied with professional experience at that time. An increase in satisfaction among the Administrative support staff was seen on the follow-up survey.

When questioned about satisfaction with their interaction with other team members, Administrative Support Staff had the lowest level of satisfaction on the initial survey (Table 41). On the follow-up survey, the Administrative Support Staff showed the largest increase and had the highest level of satisfaction. CNA and Provider satisfaction with this area declined on the repeat survey. The pattern for change in satisfaction for the Administrative Support Staff was repeated on the measure of satisfaction with training to care for patients efficiently. Ranked lowest in satisfaction on the initial survey, they reported the highest satisfaction with this area on the follow-up survey.

Table 42 shows the reported staff satisfaction with training to aid in efficiency of patient care. All of the groups reported satisfaction with this measure on the initial survey. CNA's indicated the greatest satisfaction and Administrative Support Staff the lowest. The "All Staff" grouping indicated a decrease in satisfaction with this sort of training. Nursing Staff and CNA satisfaction dropped while Administrative Support Staff and Provider satisfaction increased. The decrease seen with the "Attended APHCO" group was slightly less than the decrease observed with the "All Staff" group.

All of the staff was satisfied with their scope of practice on the initial survey (Table 43). The follow-up survey showed that all groups had a decrease in satisfaction with scope of practice. Nursing Staff had the largest decrease in satisfaction and registered as neutral on the follow-up survey. Administrative Support Staff also had a decrease in satisfaction and decreased their level of satisfaction to neutral.

Staff satisfaction with ability to participate in meaningful teaching activities is reported in Table 44. Nursing Staff and CNA's were satisfied but Providers and Administrative Support Staff had neutral satisfaction. Providers were the least satisfied on both surveys. Except for the Administrative Support Staff, all groups registered decreased levels of satisfaction on the follow-up survey. Nursing Staff had the

largest decrease in satisfaction with meaningful teaching activities.

When asked in the initial survey to rate satisfaction with their ability to contribute to the overall health of clinic patients, the entire staff was satisfied (Table 45). Providers had the lowest satisfaction and CNA's the highest. In the follow-up survey, all groups were less satisfied except for the Providers. Administrative Support Staff had the largest decrease in satisfaction in participation in teaching activities.

The overall staff was satisfied with being valued for their role on primary care teams (Table 46) on both surveys. On the initial survey, CNA's were the most satisfied. While the Providers and Administrative Support Staff were least satisfied on the initial survey, they had largest increases in satisfaction in the follow-up survey and both increased from neutral to satisfied. Nursing Staff and CNA's showed a decrease in satisfaction on the follow-up survey.

Satisfaction with Patient Relationships

Staff satisfaction with patient relationships was measured using three facets (Table 2): patients appreciating work done for them, contribution made to life of clinic patients, and current relationships with patients. The staff was satisfied with patient relationships on both surveys (Table 47). Providers and Nursing Staff showed an increase on the follow-up

survey while CNA's and Administrative Support Staff showed a decrease in satisfaction.

The staff reported in both surveys that they were satisfied with patients appreciating work done for them (Table 48). CNA's were the only group showing decreased satisfaction in this area on the follow-up survey. Nursing staff had the largest increase in satisfaction on the second survey.

The satisfaction with staff contributions made to the life of clinic patients is reported in Table 49. Overall, the staff was satisfied in both surveys. Nursing Staff showed the largest increase in the follow-up survey. CNA's were the only group to register a decrease as they reported to be slightly less satisfied in the second survey.

Staff satisfaction with current relationships with patients is summarized in Table 50. The staff related that they were satisfied with this facet across the two surveys. Administrative Support Staff reported the highest satisfaction levels in this area but showed a decline in the follow-up survey. Nursing Staff showed the largest increase and had the highest satisfaction level on the second survey.

Satisfaction with Treatment Team Efficiency

Satisfaction with treatment team efficiency was measured using five facets of team efficiency (Table 2): patients not spending wasted time while receiving care in clinic, amount of time spent in activities related to patient care, treatment team

efficiency, efficiency of military sick call, and satisfaction with the manner normal clinic appointments are handled. The "All Staff" grouping reported satisfaction with overall treatment team efficiency (Table 51). CNA's reported the highest satisfaction with efficiency and Providers the lowest. Providers were the only group to show an increase in satisfaction on the follow-up survey. CNA's had the greatest decrease in satisfaction.

Table 52 reports the satisfaction that patients do not spend wasted time while in the clinic. CNA's were the only group satisfied with this measure on the first survey. All others were neutral with Providers having the lowest satisfaction. On the follow-up survey, all groups registered a decrease in satisfaction. CNA's demonstrated the largest drop in satisfaction.

Staff satisfaction with the amount of time spent in activities related to patient care is reported in Table 53. Providers had the lowest satisfaction with this area on the initial survey. The greatest shift seen on the follow-up survey was a positive shift for Provider satisfaction. All other groups registered a negative change in satisfaction but Providers continued to have the lowest satisfaction level in this area.

Staff was asked about their satisfaction with treatment team efficiency (Table 54). CNA's reported the highest satisfaction

on the first survey but also reported the largest decrease for the follow-up survey. Except for Providers who were neutral, the staff indicated satisfaction with treatment team efficiency in the initial survey. Nursing Staff decreased to neutral with the follow-up survey.

The efficiency of the sick call process in the clinic was another facet of efficiency measured on the surveys (Tables 55). On the initial survey, CNA's were the only group satisfied with the way sick call is handled in the clinic. All other groups were neutral. Providers had the lowest satisfaction with this process. CNA's had the largest change (negative) on the follow-up survey and decreased from satisfied to neutral. Providers had the only positive change in satisfaction but continued to be neutral.

When asked about their satisfaction with the manner in which normal appointments are handled in the clinic, the staff gave its most diverse responses (Table 56). On the initial survey, CNA's had the highest level of satisfaction and Providers the lowest. Providers were dissatisfied, Nursing Staff and Administrative Support Staff were neutral, and CNA's were satisfied. Except for the CNA's, whose satisfaction decreased, all groups showed increased satisfaction on the follow-up survey. Providers registered the largest increase in satisfaction. On the follow-up survey, Providers, CNA's and

Administrative Support Staff were neutral. Nursing Staff satisfaction increased to satisfied.

Satisfaction with Quality of Medical Care

Satisfaction with the quality of medical care was evaluated using four facets (Table 2): satisfaction with access to data reflecting demographics and health status of enrolled population, amount of time to take care of patients, continuity of care, and quality of medical care delivered in the clinic. The entire staff was satisfied with the overall quality of medical care provided in the clinic (Table 57). Providers had the lowest satisfaction level while the Administrative Support Staff the highest. The follow-up survey reported all staff still satisfied, however, CNA's and Administrative support staff indicated a decrease in their satisfaction.

Satisfaction with access to data reflecting demographics and health status of enrolled population results are summarized in Table 58. On the initial survey, CNA's had the highest satisfaction, and along with Administrative Support Staff, were satisfied while Providers and Nursing Staff were neutral. In the follow-up survey, CNA's had the greatest decrease in satisfaction in this area and were the least satisfied. All but the Administrative Support Staff were neutral on the follow-up survey. Those who attended the APHCO training were less satisfied on the follow-up survey.

Staff members were asked about their satisfaction with the amount of time they had to take care of patients (Table 59). The staff as a whole was satisfied in the initial survey. Providers had the lowest satisfaction and were dissatisfied with this measure. Nursing Staff was neutral. CNA's and Administrative Support Staff were satisfied. Providers had the largest increase in satisfaction on the follow-up survey and CNA's had the largest decrease in satisfaction. Satisfaction levels changed to neutral for the Providers and CNA's in the follow-up survey.

Results for the satisfaction with continuity of care provided to the clinic's patients is reported in Table 60. The overall staff satisfaction with this measure shifted from satisfied to neutral between the two surveys. Providers were the least satisfied with this area for both surveys and Administrative Support Staff was the most satisfied for the two surveys. All but the Providers registered a decrease in satisfaction between the two surveys.

When asked in the initial survey about their perception of the overall quality of medical care provided in the clinic, the staff was satisfied (Table 61). This result was repeated in the follow-up survey. Providers were the least satisfied in both surveys. Administrative Support Staff registered the biggest decrease in satisfaction between the two surveys.

Satisfaction with Pay and Opportunities for Advancement

Overall Staff Satisfaction with pay, recognition and advancement opportunities was evaluated from three facets: pay and other benefits, prospects for advancement, and opportunities for recognition and rewards (Table 2). In the initial survey, all groups reported neutral satisfaction with this area (Table 62). In the follow-up survey, increases in satisfaction were seen with the Providers and Nursing Staff. The higher Nursing Staff levels moved them from neutral to satisfied. Administrative Support Staff and CNA's negative changes in satisfaction moved these groups from neutral to dissatisfied. The largest decrease in satisfaction in this area was seen with the CNA's.

Satisfaction with pay and other benefits was neutral throughout all of the groups in the initial survey (Table 63). Initially, Administrative Support Staff reported the highest satisfaction and Nursing Staff the lowest. In the follow-up survey, CNA and Administrative Support Staff satisfaction decreased while the Provider and Nursing Staff satisfaction increased. Administrative Support Staff had the largest decrease in satisfaction with pay and other benefits. The lowest levels of satisfaction in the follow-up survey was seen in the CNA's who were now dissatisfied. Nursing Staff moved from neutral to satisfied in the follow-up survey.

The entire staff's level of satisfaction was neutral in the initial survey regarding satisfaction with prospects for advancement (Table 64). Providers and Administrative Support Staff had the lowest levels of satisfaction and CNA's had the highest. CNA's had the largest decrease in satisfaction. The increase seen in the Nursing Staff on the follow-up survey moved them from neutral to satisfied with this facet.

When asked about their satisfaction with opportunities for recognition and awards for the initial survey, each group was recorded as neutral (Table 65). CNA's had the highest satisfaction on the initial survey but also reported the biggest decline on the second survey. All groups remained neutral on this question for the follow-up survey except for the Nursing Staff. Nursing Staff increased their level of satisfaction from neutral to satisfied. Administrative Support Staff rated their level of satisfaction lowest on both surveys.

Overall Satisfaction

Overall staff satisfaction was evaluated using a single question that asked the staff about their current level of satisfaction with their position in military medicine (Table 2). The staff reported that, as a whole, they were satisfied (Table 66). Nursing Staff had the highest satisfaction, followed by CNA's, Administrative Support Staff and Providers. On the follow-up survey, Providers registered the largest increase,

Nursing Staff remained the same, and CNA's and Administrative Support Staff reported decreased satisfaction.

Plan to Separate from Current Position

When asked if they plan to separate from the Army (or quit their position) at the next opportunity, the Providers were neutral while the remainder of the groups was less likely to separate at the next opportunity (Table 67). CNA's were the least likely to separate. CNA's and Administrative Support Staff had the largest decreases on the follow-up survey indicating they were more likely to separate than when measured for the initial survey. Providers had the largest increase on the second survey. Those who attended APHCO training reported that they were less likely to plan on quitting or separating.

Knowledge of Population Health and Clinical Optimization

Overall knowledge of key population health and clinical optimization areas were measured with six facets of agreed levels of knowledge (Table 3): awareness of concepts involved in population health and how it might be used to improve quality of care for clinic patients, concept of enrollment capacity, understanding of roles of members of primary care team, opportunities to secure funding from MEDCOM to improve delivery of care, data sources available to assist with primary care decision making, adequate provision of customer satisfaction data to address patient concerns and improve clinic perception in community. On the initial survey, all groups reported

neutral agreement with their overall knowledge of the population health and clinical optimization key topics (Table 68). Every group showed increased agreement on the follow-up survey. Except for the Providers, each group showed increased their level of agreement from neutral to agreement in the follow-up survey.

Table 69 reports on the measure involving staff agreement that they are aware of the concepts involved in population health and how they might be used to improve the quality of care to the clinic patients. Universally, the staff was neutral in the initial survey and increased to agreement in the follow-up survey. Asked if they were familiar with the concept of enrollment capacity, the initial survey found all staff members reporting neutral or disagreement with this measure (Table 70). The follow-up survey reported all groups with increased agreement. Staff attending the APHCO training had greater agreement than the staff as a whole.

Staff comfort with their understanding of the roles of the primary care team members was measured (Table 71). Initially, Nursing Staff and Administrative Support Staff were neutral. In the follow-up survey, all groups increased their levels of agreement except for the providers who had a slight decrease. Even so, all groups reported agreement with this measure in the follow-up survey.

Staff members were asked if they were aware of the opportunities to secure funding from the MEDCOM in order to improve the delivery of care to their patients (Table 72). Overall, the staff disagreed on the first survey. Providers had relatively stronger disagreement than the other groups. Each of the groups showed increased agreement on the follow-up survey, with Nursing Staff reporting the largest increase.

Tables 73 and 74 show the reported agreement with the staff's awareness of data sources used in primary care decision making and level of agreement that they are provided with adequate customer satisfaction data. Both of these measures showed the staff as a whole increasing their levels of agreement from neutral on the initial survey to agreement on the follow-up survey.

Inferential Statistics

Evaluation of Significant Change Between Initial and Follow-up Survey

There were changes in satisfaction observed, both positive and negative, between the initial survey and the follow-up survey. Because of the ordinal and nonparametric nature of the data, the Mann-Whitney U test was used to measure for statistically significant change between the surveys with staff responses to each question and the summary satisfaction domains. Significant changes were evaluated for the entire staff and for each functional area of the primary care teams. The "Attended

APHCO" group compares the staff from the initial survey with those in the follow-up survey that attended the APHCO training. The Mann-Whitney U tests for significant changes in the survey responses are reported for each group in Tables 75-98.

Satisfaction with Workload

Although the mean satisfaction for the "All Staff" measure for overall satisfaction with workload declined between the initial and follow-up surveys, the change was not statistically significant. The increase in satisfaction seen in the Providers and the decreases seen with the Nurses and APHCO attendees were also not statistically significant. The CNA decrease in overall satisfaction with workload was statistically significant at the $p = .05$ level (Table 75).

The Mann-Whitney was performed on questions four and five. Other than with the CNA's, no group reported significant changes in satisfaction in either of these questions measuring the facets of workload satisfaction. The CNA decline in satisfaction with pace of work showed significance in the Mann-Whitney test (Table 87).

Staff Satisfaction with Treatment Team

The decrease in the mean for "All Staff" overall satisfaction with the treatment team domain was not significant. Increases seen in the Provider and Administrative Support Staff, as well as the decrease in Nursing Staff satisfaction were also not significant. There was statistical significance with the

CNA and Attended APHCO decreases between the two surveys (Tables 87 and 95).

Questions six through eleven measured facets of treatment team satisfaction. The "All Staff", CNA, and Attended APHCO group analyses using the Mann-Whitney test indicated the changes in satisfaction with RN support on the treatment teams were significant (Tables 75,87, and 95). These tests also revealed significance in the CNA means changes (decreases) in satisfaction with medical clerk support, provider support and medical record availability (Table 87).

Staff Satisfaction with Treatment Facility

The examination of means of the staff's overall satisfaction with the treatment facility domain showed that the decrease observed between the two surveys was not statistically significant. Further exploration of the increases and decreases in facility satisfaction among the functional working groups indicated that those changes were not significant either.

Survey questions twelve through fourteen measured the facets of staff satisfaction with the treatment facility. The significance tests performed on responses from these questions on each of the groups revealed no statistically significant changes.

Staff Satisfaction with Practice Autonomy

The changes in the means for the staff's overall satisfaction with practice autonomy domain were not statistically significant for any of the groupings examined.

Questions fifteen through eighteen dealt with facets of practice autonomy. Table 87 shows the only significant change seen in any of the group's responses between the two surveys. The statistically significant change was seen in CNA satisfaction with their ability to make changes in the clinic schedule or template.

Staff Satisfaction with Organization

The changes in means between the initial and follow-up surveys for the domain staff satisfaction with organization were significant in only one group. The decreases in the mean responses for the CNA satisfaction with this domain are shown in Table 88.

Questions nineteen through twenty-two measured satisfaction with the facets of organization. Nursing and Administrative Support Staff changes were not statistically significant in for any of these questions. The "All Staff", CNA, and Attended APHCO groups each showed a significant decrease in the question measuring staff satisfaction with emphasis that local leadership places on primary care (Tables 76, 88, and 96). The Provider increase and the CNA decrease in satisfaction with Army Medical Department leadership/support were also shown to be significant.

In addition to these findings, there was also significance found with the CNA decrease in satisfaction with local leadership.

Staff Satisfaction with Professional Experience

Evaluation of the changes in overall staff satisfaction with professional experience demonstrated no statistically significant changes between the surveys in any of the groups.

Questions twenty-three through twenty-eight examined staff satisfaction with the facets of professional experience. The six groups evaluated ("All Staff", Providers, Nursing Staff....) all showed decreased satisfaction with their scope of practice. Two of these groups, "All Staff" and "Attended APHCO", had changes in satisfaction that were significant (Tables 76 and 96). None of the other facets of professional experience had significant changes.

Staff Satisfaction with Patient Relationships

The changes seen in the staff's overall satisfaction with patient relationships were mixed. While the satisfaction of "All Staff", Providers, Nursing Staff, and "Attended APHCO" increased and a decrease was measured with the CNA's and Administrative Support Staff, only the increase seen with the Nursing Staff proved to be significant (Table 84).

Questions twenty-nine through thirty-one measured the staff's satisfaction with the facets of patient relationships. There was statistically significant change in only one of these measures and for only one group. Nursing Staff's increase in

satisfaction with the contribution they are able to make in the lives of their patients showed significant change (Table 84).

Staff Satisfaction with Treatment Team Efficiency

Changes in the staff's overall satisfaction with treatment team efficiency were significant in two of the groups. The increase with Provider overall satisfaction (Table 81) in this area and the decrease with CNA satisfaction were both statistically significant. The CNA change was significant at the level of p =.005 (Table 89).

Questions thirty-two through thirty-six comprised the facets of treatment team efficiency. The decreases found in "All Staff", CNA, and "Attended APHCO" groups were all significant for the facet measuring satisfaction that patients do not spend wasted time while accessing or receiving medical care in the clinic (Tables 77, 89, and 97). The facet of satisfaction with the efficiency of sick call as it is handled in the clinic showed significant change with the decreases of the CNA and "Attended APHCO" groups. The Provider increase in satisfaction with the way normal clinic appointments are handled was also significant (Table 81). Additionally, CNA decreases in satisfaction with normal clinic appointment efficiency and treatment team efficiency also were significant (Table 89).

Staff Satisfaction with Quality of Medical Care

The differences in the staff's overall satisfaction with the quality of medical care showed significance in only one of the

groups. CNA's overall satisfaction with this domain decreased between the two surveys at a level found to be very significant; p = .002 (Table 89).

Questions thirty-seven through forty examined the facets of staff satisfaction with quality of medical care. Providers showed significant change with their increase in satisfaction with the amount of time they have to take care of their patients (Table 81). CNA's showed significant changes in their satisfaction with the facets measuring access to data reflecting the demographics and health status of the enrolled population, the amount of time they have to take care of their patients, and the continuity of care that patients receive (Table 89).

Satisfaction with Pay and Opportunities for Advancement

Statistically significant changes in the staff's overall satisfaction with pay and opportunities for advancement were found in only one of the groups. CNA's reported a decrease in satisfaction with this domain that was significant (Table 89).

Questions forty-one through forty-three measured the facets of satisfaction with pay and opportunities for advancement. CNA's were the only group to report significant changes among these facets. They showed significant decreases in their satisfaction with pay and other benefits as well as satisfaction with opportunities for recognition and advancement.

Overall Satisfaction

Although four of the groups reported decreases and two reported increases in overall satisfaction with their current position in military medicine, none of the changes seen between the two surveys were statistically significant.

Plan to Separate

Similar to the results of the previous domain, there were no statistically significant changes between the two surveys when measuring the staff's likelihood to separate from the Army or current position at their next opportunity.

Knowledge of Population Health and Primary Care Optimization

Without exception, all of the groups reported increased levels of overall knowledge of population health and primary care optimization. Three out of six groups registered statistically significant increases in this domain. "All Staff" (Table 78), Nursing Staff (Table 86), and "Attended APHCO" (Table 98) reported significant increases. "All Staff" increases were seen at the significance level of $\underline{p} = .0002$ and "Attended APHCO" at the level of $\underline{p} = .000$.

Questions forty-six through fifty-one measured the facets of population health and primary care optimization knowledge. The Administrative Support Staff were the only group not to measure significant change in at least one of these facets. The "All Staff" reported four out of six significant increases while the

"Attended APHCO" group reported five out of six statistically significant increase in their knowledge of these areas.

Spearman's Rho Correlations

Further exploration of the data was performed on four of the satisfaction domains: satisfaction with workload, satisfaction with treatment team, satisfaction with professional experience, and satisfaction with treatment team efficiency. These domains were chosen because of the degree of changes seen in these areas between the two surveys. Also, the APHCO didactic training focused heavily on providing the clinic staff with information that would allow them to affect these areas of satisfaction. Spearman's Rho Correlation was used to evaluate the strength of the relationships between satisfaction levels in the selected domains and the facets of satisfaction outside of their domains on the survey. The selected domains were also correlated with the other questions pertaining to the APHCO training and the demographics contained on the survey (Appendix B). Correlations were performed on the combined surveys for each functional group with the exception of "Attended APHCO." Combining the survey results for each group increased the sample size and, therefore, the significance of the resulting analysis.

Satisfaction with Workload

Spearman's Rho was used to evaluate the strength of relationships between the staff's overall satisfaction with workload and the other questions in the survey that were not

facets of workload satisfaction. Forty out of fifty-five factors were positively correlated with overall satisfaction with workload in the "All Staff" group (Tables 99-101). The greatest positive correlation was seen with staff satisfaction with the amount of time they have to take care of patients; question 38. Other positive correlations with satisfaction with workload included questions pertaining to treatment team satisfaction with CNA and RN support. Efficiency questions dealing with staff satisfaction with wasted time for patients and time spent in patient care activities were also positively correlated to satisfaction with workload.

Two factors were negatively correlated with staff satisfaction with workload (Table 102). The variable that differentiated providers from non-providers showed a negative correlation to this domain. The variable was coded 1 = Provider and 0 = Non-Provider. This negative correlation showed that providers were associated with decreased levels of satisfaction with workload.

Far fewer correlations were found when examining the Provider surveys. Only five factors were positively correlated with this group (Table 103). Three of these were facets of satisfaction with efficiency and included satisfaction with patients not spending wasted time during appointments, the amount of time they spend in activities related to patient care, and satisfaction with the manner in which normal clinic

appointments are handled. The two other positively correlated questions involved quality of medical care; satisfaction with amount of time to take care of patients and continuity of care.

An examination of the correlations with satisfaction with workload for the Nursing Staff surveys reported only one correlation of significance (Table 104). The question measuring the staff's opinion on the usefulness of the APHCO training was positively correlated. The question was coded on a seven point scale from 1= strongly disagree to 7= strongly agree. The correlation would suggest a relationship between increased positive feelings about the APHCO training and increased satisfaction with workload for the Nursing Staff.

There were thirty-seven factors that were positively correlated to workload satisfaction in the CNA group (Tables 105-107). Three factors involved facets of treatment team satisfaction. Two of the factors indicating the highest positive relationship to workload satisfaction included overall satisfaction and plan to separate. Three negative correlations were observed with the Spearman's Rho test on the CNA surveys (Table 108). One of these variables involved whether the responses were from survey number one or the follow-up survey. The negative correlation shows that there was a relationship between responses from the second survey and decreased satisfaction with workload among the CNA's.

Seven factors were found to be positively correlated with Administrative Support Staff satisfaction with workload (Table 109). The highest relationship was seen with satisfaction with medical record availability and ability to make changes with the clinic templates. There were no negative correlations observed.

An evaluation of the correlations with the surveys from those who attended APHCO training indicated thirteen positive relationships with workload satisfaction (Table 110). The highest correlations were seen with satisfaction with patients appreciating the work done for them and satisfaction with provider support. Other highly correlated factors included facets of satisfaction with quality, efficiency, and professional experience. There were no negative correlations observed in this group.

Staff Satisfaction with Treatment Team

Correlations performed on the "All Staff" overall satisfaction with treatment team and the questions outside of this domain reported positive correlations with forty-one factors (Tables 111-114). Four of the five highest correlated variables were the questions from the organization satisfaction domain. The only negative correlation seen in the "All Staff" group was with the variable indicating APHCO training attendance (Table 115). This variable was coded 0 = No and 1 = yes, therefore there is an indication in this group that those who attended the APHCO training were less satisfied with the

treatment team domain. The relationship was significant but not very strong.

There were thirty-two variables that had a positive correlation to the treatment team domain in the Provider group (Tables 116-118). Organizational satisfaction questions were among the variables with the strongest correlations. Provider responses also indicated a strong relationship between satisfaction with the treatment team domain and their ability to make changes in the clinic templates. The correlation with satisfaction with patient relationships indicated that this variable was related to Provider satisfaction with treatment team. There were no negative correlations observed in the Provider group.

Positive correlations were found in twenty of the variables for the Nursing Staff satisfaction with treatment team domain (Tables 119 and 120). As with the Providers, Nursing Staff showed a high correlation with organizational satisfaction questions. Other highly correlated questions involved the efficiency questions dealing with satisfaction with the efficiency of sick call and normal clinic appointments. No negative correlations were observed with this domain.

Thirty-nine positive correlations were observed between the CNA treatment team domain and the other variables (Tables 121-123). High CNA correlations in this domain included questions relating to organizational satisfaction, quality and efficiency.

Negative correlations were observed with the variables identifying which survey the responses were from (1 = initial survey, 2 = follow-up survey) and the question concerning APHCO attendance. The combination of these negative relationships show a relationship between decreased levels of satisfaction with treatment team and APHCO attendance (Table 124).

Positive correlations with treatment team satisfaction were seen in seven of the factors measured in the surveys for the Administrative Support Staff (Table 125). As seen in the other groups, organizational questions were showed strong relationships with this domain. Other correlations in this group included satisfaction with pace of work and the belief that they are valued for their role on the clinic staff. A negative correlation was observed with the question measuring previous population health and clinical optimization instruction other than APHCO training (Table 126). This would indicate a relationship between dissatisfaction with treatment team and previous instruction in these areas.

Spearman's Rho correlations were performed on the staff that attended the APHCO training to find relationships between their satisfaction with the treatment team domain and the other variables (Table 127-129). Forty-one positive correlations were observed for this group compared with forty-two for the staff as a whole. Among the top five correlations seen in these groups, the "Attended APHCO" group differed only in the

inclusion of question measuring efficiency and autonomy. There continued to be strong representation of the organizational satisfaction questions among the highest correlated variables. No negative correlations were observed for this group.

Staff Satisfaction with Professional Experience

Forty-three factors measured in the surveys were positively correlated with the "All Staff" satisfaction with the professional experience domain (Tables 130-132). The greatest correlation was found with staff satisfaction with amount of data provided by leadership to aid in decision-making. The next four highly correlated variables included all of the questions measuring the facets of autonomy. There were no negative correlations observed for this group.

Spearman's Rho correlations performed on the Provider group revealed 30 positive correlations to satisfaction with professional experience (Table 133-135). Organizational components of satisfaction were prominent in these correlations. Satisfaction with data provided by leadership showed the strongest relationship to this domain. All of the facets measuring satisfaction with patient relationships were included in the strongest correlations observed in this area indicating a strong relationship between the professional experience domain and the patient relationship domain.

Twenty-six positive correlations were observed for this area with the Nursing Staff (Tables 136 and 137). Again, the highest

correlation was seen with data provided by the leadership. The next highest correlations included three out of the four facets of autonomy satisfaction. The variable measuring frequency of optimization activities also showed high correlation to satisfaction with professional experience. This variable measured the amount of time the respondents spend working on optimization initiatives/activities and was coded 1 = "No time at all" through 5 = "Weekly." This shows a possible relationship between satisfaction with professional experience and increased optimization activities among the Nursing Staff group. There were no negative correlations observed for this group.

Analysis of the CNA group showed 39 positive correlations with satisfaction with the professional experience domain (Tables 138-140). Questions measuring all of the facets with the autonomy domain comprised four of the top five highest positive correlations, including the highest correlation observed for this group. Satisfaction with data provided by the leadership was the second highest correlation seen with the CNA group. No negative correlations were seen for this group.

The Administrative Support Staff correlation analysis with the professional experience domain revealed nineteen correlations (Tables 141 and 142). The highest correlations were found with satisfaction with ability to change the way work

is done in the clinic and with overall treatment team efficiency. There were no negative correlations observed.

There were thirty-eight positive correlations to satisfaction with the professional experience domain for the "Attended APHCO" group (Tables 143-145). This compares with 43 for the staff as a whole. The majority of the highest correlations were very similar between these two groups. One difference with the "Attended APHCO" group was the inclusion of one of the APHCO Knowledge domain questions concerning the staff being provided with adequate customer satisfaction data. Only one negative correlation was observed with this group (Table 146). The variable measuring the employment status of the respondent was coded 1 = Active Duty, 2 = Civilian GS, and 3 = Contractor. The negative correlation indicates a relationship between decreased satisfaction with professional experience with the staff corresponding to the higher coded variables of Civilian GS and Contractors.

Staff Satisfaction with Treatment Team Efficiency

Forty-five out of fifty-two possible factors were found to be positively correlated to staff satisfaction with the treatment team efficiency domain (Tables 147-150). Satisfaction with continuity of care, a facet of the quality domain, was the highest correlated measure. The second, fifth, and sixth highest correlations were comprised of questions measuring satisfaction with the organizational domain. The three other

facets of quality were also among the top six correlations. One negative correlation was seen, provide versus non-provider, indicating a relationship between providers and decreased satisfaction with treatment team efficiency (Table 151).

Twenty-four positive correlations were seen in this area with the Providers (Tables 152 and 153). Three of the quality domain facets were found in the five highest correlations: satisfaction with amount of time to take care of patients, satisfaction with continuity of care, and satisfaction with access to data reflecting demographics and health of population. Satisfaction with pace of work, a workload facet, and satisfaction with ability to make changes in the clinic template, an autonomy facet, were among the variables with the highest correlation to treatment team efficiency in the Provider group. No negative correlations were observed for this group.

Analysis of the Nursing Staff group revealed twenty-four positively correlated variables with the efficiency domain (Tables 154 and 155). Variables measuring satisfaction with the organizational domain were among the highest correlated questions; the highest being satisfaction with amount of data provided by leadership to aid in decision-making. Two questions from the quality domain were also included in the variables with high correlations: satisfaction with continuity of care and satisfaction with access to data reflecting health status of population. While not among the highest correlated variables,

frequency of optimization activities was again associated with increased satisfaction in this domain. The Nursing Staff had no variables with negative correlations in this area.

Thirty-eight variables showed positive correlation to satisfaction with the efficiency domain among the CNA group (Tables 156-158). Questions from the organizational, quality, and efficiency domains had the highest levels of correlation. Satisfaction with local medical leadership had the highest correlation to the efficiency domain. Others included satisfaction with continuity of care and satisfaction with the way the treatment team works together to support each other. Two negative correlations were seen in the evaluation of the CNA group: attendance at APHCO training and initial survey versus follow-up survey (Table 159).

Evaluation of the Administrative Support Staff group showed twenty positive correlations with efficiency domain satisfaction (Tables 160 and 161). As with the Nursing Staff group, satisfaction with decision-making data provided by the leadership had the highest correlation to the efficiency domain. High correlations were also reported with the staff's satisfaction with ability to participate in meaningful teaching activities, overall quality of care provided, and ability to initiate changes in the way work is done in the clinic. No negative correlations were observed during this analysis.

Facets of organizational satisfaction made up the highest correlations found in the "Attended APHCO" group (Table 162-164). The three highest correlated variables were from this domain. This was similar to the analysis of the "All Staff" group with the addition of the variable measuring satisfaction with emphasis local leadership places on primary care. Overall, thirty-eight variables were positively correlated to this group's satisfaction with the efficiency domain. The "Attended APHCO" group also showed high correlations with facets of the treatment team domain: satisfaction with RN support and the way the treatment team works together to support each other. There were no negative correlations observed for this group.

Staff Satisfaction With Current Position in Military Medicine

Forty-six variables were positively correlated to the "All Staff" group's overall satisfaction with their current position in military medicine (Tables 165-168). The two highest correlated variables with this domain were facets of the pay and opportunities for advancement domain: satisfaction with opportunities for recognition and awards and satisfaction with prospects for advancement. Facets of the professional experience domain were also among the highest correlated variables and included satisfaction with being valued for role on primary care team, satisfaction with ability to participate in meaningful teaching activities, and satisfaction with

training received. The question measuring the respondent's plan to separate from current position was also highly correlated to overall satisfaction with current position. No negative correlations were found with this group.

The highest correlations seen in the Provider group were similar to the "All Staff" group (Tables 169-171). Prospects for advancement and opportunities for recognition and awards were the two highest ranked correlations. Two efficiency domain facets were also highly correlated with overall satisfaction with current position: overall treatment team efficiency and sick call efficiency. The highest correlations seen with the Provider group included the measure for agreement with being aware of the various data sources available to assist with primary care staff decision-making. Satisfaction with being valued for their role on the primary care team was also among the highest correlations found in this group.

Thirty factors were positively correlated with overall satisfaction with current position among the Nursing Staff group (Tables 172-174). A facet of the patient relationship domain, satisfaction with current relationships with patients, was the highest correlated measure for the Nursing Staff. Three facets of the professional experience domain were also among the questions with the highest correlations: satisfaction with training, ability to contribute to overall health of patients, and ability to participate in meaningful training. Pay and

advancement domain questions were highly correlated to satisfaction with current position but did not hold the highest positions with the Nursing Staff.

Forty-two of the measures from the surveys were positively correlated with the CNA group's overall satisfaction with current position (Tables 175-177). As with the Nursing Staff, CNA's showed correlations with the facets of pay and advancement but these were not among the highest correlations observed. The workload facet of satisfaction with pace of work was the highest correlated question. Second was satisfaction with being valued for role on primary care team. Also included in the highest correlations observed were satisfactions with local leadership's emphasis on primary care, satisfaction with level of leisure time, satisfaction with scope of practice.

The analysis of the Administrative Support Staff's correlations with satisfaction with current position yielded only eight positive correlations (Table 178). The highest correlation was seen with plan to separate from current position. This group also showed correlations with satisfaction that patients do no spend wasted time while accessing or receiving care in the clinic, access to customer satisfaction data, and opportunities for recognition and awards.

Forty positive correlations were seen in the evaluation of the "Attended APHCO" group's satisfaction with current position (Tables 179-181). Satisfaction with prospects for advancement

showed the highest correlation within this group. Opportunities for recognition and awards also showed positive correlation to satisfaction with current position for this group. Two facets of the autonomy domain were also among the highest correlations observed: satisfaction with ability to change clinic templates and utilization of scope of practice.

Plan to Separate from Current Position

Forty-three variables from the survey were positively correlated with the "All Staff" assessment of their likelihood to separate from current position at the next opportunity (Tables 182-185). This question was coded from 1 = definitely separate through 7 = Definitely Not. The higher the coded response, the less likely the respondent planned to separate from current position. The highest rated factor was overall satisfaction with current position. The other variables with the highest correlations seen in this group included facets of professional experience and autonomy. The three highest correlated questions from the professional experience domain included satisfaction with ability to participate in meaningful training activities, value of role on the primary care team and satisfaction with training received. Highest correlated autonomy facets included satisfaction with ability to provide care according to best judgment and with role on primary care team. Negative correlations were found with the variable

identifying the respondent as a provider versus non-provider (Table 186).

Five variables were found to be positively correlated with the Provider group and the question measuring their likelihood to separate from current position (Table 187). Overall satisfaction with current position was showed the greatest correlation. All of the facets measuring Provider satisfaction with the pay and benefits were included in these positive correlations. Additionally, agreement with being provided with adequate customer satisfaction data was positively correlated with likelihood to separate. Negative correlation was found with the variable measuring previous instruction in population health and clinical optimization (Table 188).

Nursing Staff evaluation with Spearman's Rho tests provided for five positive correlations to the respondents plans to separate (Table 189). Highest correlations were found with the measure of how much of the APHCO training did the respondent attend. This variable was coded from 1 = one day through 5 = 5 days. Satisfaction with CNA support, a facet of the treatment team domain, and the professional experience facets of satisfaction with ability to participate in meaningful teaching activities and training received were also positively correlated. Satisfaction with the amount of time spent in activities related to patient care also showed positive correlation to the plan to separate.

Thirty-eight variables were positively correlated with the CNA group's likelihood to separate from current position (Tables 190-192). The highest correlation was seen with the question measuring satisfaction with the CNA's feeling valued for their role on the primary care team. Facets of satisfaction with the workload, autonomy, and patient relationship domains rounded out the highest positive correlations found with the CNA group. A negative correlation was seen with the question measuring APHCO training attendance (Table 193).

Fourteen positive correlations were seen with the Administrative Support Staff's plan to separate (Table 194). The highest correlation was seen with days of APHCO training attended. This was followed by overall satisfaction with current position. Other positive correlations were found with questions measuring satisfaction with the pay and benefits, APHCO knowledge, autonomy, efficiency, and professional experience domains.

The analysis of the staff that attended the APHCO training revealed positive correlations in this area with twenty-one of the variables measured (Table 196). Highest correlation was seen with the facet of the professional experience domain measuring satisfaction with feeling valued for their role on the primary care team. The next three highest correlated variables were facets of the autonomy domain: satisfaction with role on primary care team utilizing scope of practice, ability to

provide care according to best judgment, and ability to make changes in clinic template to improve efficiency.

Descriptive Statistics: Patient Satisfaction

The patient satisfaction survey was administered at the Moore Clinic in November 2002 and repeated in April 2003. Data from the surveys was placed into SPSS 11.0 by the researcher. A total of 593 surveys were completed; 291 for the first survey and 302 for the follow-up survey. Approximately equal percentages of active duty military and active duty family members completed surveys during each administration (Tables 196 and 197). The number of retirees and their family members completing surveys was comparatively small but was relative to the actual enrolled population of this population at the Moore Clinic.

Question two on the survey asked the patients to select the best description for their visit from the following choices: Sick Call (Active Duty Only), Same Day Appointment, Routine Scheduled Appointment, or Walk-in. The results for this question are summarized in Tables 199 and 200. The majority of responses indicated patients were using sick call and same day appointments. Only 13.4 percent of the appointments from the initial survey and 13.25 percent of the follow-up survey were for routine appointments.

Question three measured patients familiarity with the clinic's "self-care" program by asking them if they would have waited to see a provider if they could have walked into the pharmacy and signed out some over the counter medicine. The descriptive results for both surveys are summarized in Tables 201 and 202. Almost fifty percent of the respondents in the initial survey answered "no" to this question; indicating that they might have been candidates for the "self-care" program and subsequently could have made these appointments available to other patients. The responses were almost equal between active duty and family members. Patients in the follow-up survey reported a 35.4 percent "no" response rate to this question and again, the percentages were almost equal between active duty and family members.

Questions four, five and six measured patient awareness of the Primary Care Manager By Name (PCMBN) initiative. Results for these questions are summarized in Tables 203-208. Although only persons answering "yes" on the first of these questions were asked to answer the next two questions, the total number of patients in each survey was used as the denominator for each analysis so that the results would reflect the percentages of the surveyed group for each question. Retirees and family members demonstrated the highest number of positive responses to the question asking if respondents were familiar with the term Primary Care Manager. Active Duty ranked consistently low in

this category reporting just 58 percent and 57 percent familiarity with the term in the two surveys. Overall familiarity with the term Primary Care Manager decreased slightly between the two surveys.

Those respondents familiar with the term Primary Care Manager were asked if they were aware of whom their primary care manager was at the Moore Clinic. Family members, again, had the greatest number of positive responses to this question and active duty the lowest. For the initial survey, only 25 percent of the active duty patients knew their Primary Care Manager, compared with 72 percent of family members. While the percentage of active duty positive responses increased on the follow-up survey, the percentage of the total surveyed patients declined.

The ultimate goal of the PCMBN initiative is to actually see your PCM when you seek medical care. Question six asked the patients if they saw their PCM for their appointment that day. In the first survey, only 7.35 percent of active duty soldiers reported that they saw their PCM, compared with 30 percent of family members and 66 percent of retirees. Results for the follow-up survey indicated a small increase in the active duty that reported to have seen their PCM and a comparatively larger decrease with family members and retiree. Overall, there was a slight decrease between the two surveys for the total percentage of surveyed patients who saw their PCM.

Descriptive statistics for the patient satisfaction questions are reported in Tables 209 through 214. Questions 7a through 7d measured patient satisfaction with quality of medical care. The initial survey showed that the population was satisfied with all of these facets. Family members were more satisfied than active duty. Analysis of the descriptive statistics for the follow-up survey indicated an increase in satisfaction levels for each of these four questions in the "All Patients" group. Active duty showed the largest increases for these facets of satisfaction with quality of care. The largest increase for active duties was seen in question 7a: thoroughness of treatment. Family members satisfaction showed a decrease for this area.

Per question 8 on the initial survey, the population as a whole indicated that they would recommend their provider to family and friends. Family members indicated the highest satisfaction in this area. The follow-up survey showed a decreased average for family members on this question while the active duty showed an almost equal shift in the positive direction.

Question 9 was designed to measure whether the clinic was meeting the access standards for appointments. The descriptive statistics for this question indicate that the target of 4-7 days was being met for each group in both surveys. The mean for the family members decreased in the follow-up survey, indicating

better access for this group. Active duty members showed a small increase for this metric on the second survey.

When asked to rate the number of minutes spent waiting to see the provider, there were clear differences. The total population and family members were satisfied while the active duty group indicated a level of dissatisfaction. The follow-up survey indicated increases in satisfaction for each group. The mean for the active duty on the follow-up survey raised them into the acceptable "good" range for question 10.

Questions 11a and 11b measured general satisfaction with access to medical care and specialty care. While the total patient responses indicate satisfaction with these measures, there were differences among the groups. Family members were satisfied with these areas but active duty indicated that they were not. The active duty mean was less than the 3.0 target indication of a "good" response. However, in both questions, the mean was less than two standard errors from the 3.0 target. Although all groups had indicated increased levels of satisfaction with questions 11a and 11b on the follow-up survey, the largest increase was seen in the active duty members. For both questions, they were now greater than two standard errors above the 3.0 target.

Satisfaction with the time taken for clinic personnel to return calls for information or advice was measured in question 12. For this measure, family members were satisfied while the

mean for the active duty indicated that they were not. Again, the mean of the active duty members was less than the target of "good" but it was less than two standard errors from this target. The follow-up survey indicated no change with family members and an increase with active duty members. Satisfaction levels were constant across all groups for the follow-up survey.

Question 13 measured overall patient satisfaction with the Moore Clinic. On the initial survey, patients reported to be satisfied. Family members were more satisfied than active duty. The follow-up survey indicated an increase in the mean level of satisfaction. Active duty members had the largest increase but were still less satisfied than the family members.

Inferential Statistics: Patient Satisfaction

There were a number of changes observed between the initial and follow-up patient satisfaction survey. To determine if the significance of those changes, the Mann-Whitney U statistic was performed on questions four through thirteen. This test is appropriate for data that is not normally distributed and ordinal. Analysis will only be performed on the following groupings of survey respondents for the initial and follow-up surveys: all patients (includes all respondents to each survey), active duty and active duty family members. The sample size for retirees and their family members was extremely small.

Evaluation of the PCMBN initiative was performed with questions four through six (Tables 215-217). Question four

asked if the patients were familiar with the term Primary Care Manager. Between the two surveys, there was a decrease in the percentage of patients that indicated they were familiar with this term. Similarly, active duty and their family member responses to this question also indicated a decrease. However, Mann-Whitney U tests performed on each of the groups' responses indicated that there was no statistical significance with these changes.

Question five and six measured whether the patients could identify their PCM at the Moore Clinic and, if so, did they see their PCM for this appointment. Patients, as a whole, showed an increase with question five and a decrease with question six. Both of these changes were not significant. While family members reported higher positive responses and active duty lower positive responses to these two questions, only one of these changes proved to be significant. The decrease in active duty respondents reporting that they saw their PCM was statistically significant.

Questions 7 through 13 measured the levels of the various facets of patient satisfaction. The significance of changes observed between the initial and follow-up survey are reported in Tables 218-220. Satisfaction for the entire patient survey population improved for every facet except for the question regarding number of days between appointment being made and actual appointment. However, the decrease seen with this

measure was not statistically significant. The changes in satisfaction were statistically significant in all but one of facets showing increased satisfaction. The change concerning recommending provider to friends and family was not significant.

Family member satisfaction improved or stayed the same in all measures except for the one regarding recommending provider to others. None of the changes seen with the family members were significant. The active duty patients indicated increases in satisfaction in all but one of the areas surveyed. In contrast to the family members, all but one of the increases in satisfaction seen in the active duty population were significant. One of the largest significant increases was with the active duty overall satisfaction with the Moore clinic. The decrease in access measured in question 9 was also significant. The only measured improvement in satisfaction not found to be significant was with the question assessing likelihood that patients would recommend the provider to others.

Discussion

Staff Satisfaction

As evidenced in the staff satisfaction surveys, the APHCO training was well received by the staff at the Moore Clinic. The majority of the staff completing the follow-up survey had attended at least part of the training. The training was intended to provoke thought and action among the leadership and staff in the clinic. Extensive efforts were made during the

training to build on the concept of the primary care teams. Exercises throughout the week challenged the staff to breakout of their traditional roles and concerns and approach challenges as a team. The staff appeared willing and excited at the prospect of changing the way work is done in the clinic.

Prior to the APHCO training, the staff verbalized that they were never given the opportunity to meet as teams. There were many basic issues and concerns that were identified and addressed for the first time during the training week. There was a sense among the staff that providing time for the teams to meet was not a priority for the clinic leadership. All of the primary care teams developed action plans that attempted to incorporate the training lessons into the clinical processes at the clinic. Success of the action plans was contingent on a large part with the teams continuing to be given time to work on the initiatives and continue the process begun at the training.

There was however, an undercurrent of skepticism among the staff that they would be permitted time to follow-through on these initiatives. There seemed to be a tremendous amount of tension between the military leadership and the civilian providers. The contract and GS personnel felt that their opinions did not matter to the leadership. When evaluating the usefulness and appropriateness of the training, responses such as “Management is the problem. Management won’t change...” and “Under the current leadership (DACH), all of these things will

continue to be only great 'ideas'...we will never be given the opportunity to implement any of these changes..." (Appendix G). Staff survey narrative comments included a comment from a provider who made the statement "Since civilian providers do 90% of patient care, it seems reasonable to have involvement in decision-making." There was a feeling among the staff that they were not being empowered to make the necessary and recommended changes in the clinic processes.

To some extent, this skepticism might have been proven true. One only needs to refer to the crosstab results from question "d" which measured the optimization activity level among the team members following the training. Sixty-three percent of the staff reported that they were spending "no time at all" on optimization activities. This being said, is it possible to attribute any of the increases or decreases in satisfaction to the APHCO initiative?

There was evidence of activity with some of the key leaders in the clinic continuing work on the action plans. During the APHCO follow-up visit in April 2003, the clinic was able to demonstrate ongoing optimization activities to include implementing changes in the templates, improving sick call efficiency, and re-allocating workload within the teams to improve provider efficiency. What might have happened were the teams allowed/encouraged to continue meeting on a regular basis? Within their functional groups, some benefit might have been

realized from the training. Were some of the significant decreases in satisfaction a result of elevated expectations that were not met following the APHCO training?

It is important to note that the November 2002 APHCO training coincided with rising international tensions with Iraq. The staff at the Moore Clinic was tasked throughout the following months to support mobilization and preparations for overseas movement for Fort Hood soldiers. These activities occupied a great deal of the clinic leadership's time and efforts. Several providers were actually pulled from clinic duty when they were assigned to their military units to deploy. By the time the follow-up survey was administered, the Moore Clinic was on its third Officer in Charge since the APHCO training and its second Head Nurse. This factor might have had some effect on follow-through with some of the APHCO initiatives and staff satisfaction.

As observed in the analysis of the staff satisfaction survey results, changes in satisfaction were not constant among the different functional groups of the clinic staff. While the APHCO training attempted to unify the efforts of the staff as primary care teams, the training and events since the training seemed to have impacted differently on each of the groups. The discussion that follows addresses each of the groups and the changes seen in their satisfaction as measured in the two surveys.

When evaluating changes in satisfaction among the ten domains of staff satisfaction, overall satisfaction, and plans to separate, the researcher evaluated change using statistical significant change as the standard. This could possibly result in Type II errors of accepting that there were no changes in areas when there was, in fact, change. Other changes might be construed as insignificant *noise*. There were consistent trends in the survey results indicating that some of this *noise*, although lacking statistical significance, could be important to the analysis.

Provider Satisfaction

Provider satisfaction demonstrated the most improvement among all of the groups examined. On the initial survey, providers ranked their satisfaction lowest on seven out of the ten satisfaction domains. They also had the lowest overall satisfaction level and were most likely to separate. Although they had significant changes in only three satisfaction facets and one domain of satisfaction, each of these significant changes indicated an increase in satisfaction. The majority of the non-statistically significant changes seen for Providers also indicated increased satisfaction.

The largest increase seen with the Provider group was with satisfaction with efficiency of how normal clinic appointments are handled in the clinic. During the APHCO training, one of the biggest complaints identified by the providers was that of

late patients and their effect on the efficiency of the clinic schedule. This was supported by the frequency of comments relating to this issue on the survey. Patients not only consistently failed to report fifteen minutes prior to appointment as directed, but also reported past the start of their appointment. This often resulted in scheduling difficulties as the staff attempted to administratively process and triage the late patient and the providers tried to fit these patients into an already full schedule. One of the action plans from the APHCO training involved a change in procedure that built the "arrive 15 minutes early" instruction into the appointment template. Patients were given an appointment start time that had the fifteen minutes automatically included. This resulted in a reported decrease in schedule disruption resulting from late patients.

Providers also reported increased satisfaction with the quality of the amount of time they had to spend with patients. One of the APHCO initiatives involved examining the roles and responsibilities of the primary care team members to eliminate administrative tasks from the providers where possible. By allowing some of the other team members to take on appropriate administrative tasks, in many cases Providers were now able to spend more time with patients. Providers were the only group to demonstrate a significant increase in satisfaction with treatment team efficiency.

Although not statistically significant, the largest decrease observed in a satisfaction domain with Providers involved facility satisfaction. This is interesting because the Moore Clinic is a fairly new facility. Each provider at the Moore Clinic has two exam rooms with one of them doubling as an office. The APHCO training included instruction on facility space management. It was explained that the optimum number of exam rooms per provider is two. This assumes that the exam rooms are used full-time for patent care. It is hard to ensure optimal throughput of patients when an exam room is used as a part-time office. Providers were informed that using one of the exam rooms as an office actually results in a sub optimal amount of exam rooms assigned per provider. This could explain some of the decrease in satisfaction with this domain.

On the follow-up survey, Providers were no longer lowest in overall satisfaction with current position and plans to separate. Providers indicated that except for prospects for advancement and opportunities for recognition and awards, satisfaction with treatment team efficiency was most related to overall satisfaction with current position. Optimization could certainly play a role in this facet of satisfaction for the providers.

Nursing Staff Satisfaction

Nursing Staff was the most satisfied with their current position and second least likely to separate from current

position in both surveys. The Spearman's Rho correlations to Nursing Staff overall satisfaction showed the strongest correlations with current relationships with patents and satisfaction with training. When compared to the other staff groups, Nursing Staff had the lowest satisfaction with the facility domain on both surveys even though they were the only group to indicate an increase in this area, although statistically insignificant.

The only significant changes seen with this group involved patient relationships. Nursing Staff indicated an increase in satisfaction with the facet concerning contribution made to the lives of their patients. They also showed a significant increase in the patient relationship domain. Nursing Staff was the only group to show a significant change in this area. Although not statistically significant, the largest decreases in satisfaction in this group were with scope of practice and ability to participate in meaningful teaching activities. The largest increases that were not significant concerned satisfaction with pay and opportunities for awards and recognition.

CNA Satisfaction

The CNA group showed the greatest overall decrease in satisfaction. On the initial survey, CNA satisfaction was highest in all but one of the satisfaction domains (facility). They were least likely to separate from current position and had

the second highest overall satisfaction with current position. CNA's had the greatest number of statistically significant changes and all of these changes were decreases in satisfaction. CNA's showed statistically significant decreases in satisfaction in six out of the ten domains: workload, treatment team, organization, efficiency, quality, and pay and benefits. Decreases were seen in the other domains although these did not prove to be significant. CNA satisfaction decreased in every facet of every domain of satisfaction. Eighteen of these decreases were statistically significant. Clearly there was palpable decrease in staff satisfaction for this group.

A massive number of CNA's were hired just prior to the initial survey in order to provide adequate support staff to the providers. Because nurses were in short supply in the area, it was thought that hiring a greater number of CNA's would meet the support needs of the provider staff. The educational backgrounds of the CNA's ranged from former army medics to staff with as little as a month's formal medical training. At the time of the first survey, most were new to the clinic and probably not able to adequately evaluate their position in the clinic staff.

Their largest decreases in satisfaction were observed with the domains of pay and benefits, workload, and efficiency. The change in workload satisfaction can be attributed to the increasing amount of paperwork completion required of the CNA's.

After the APHCO training, the attempt to free the providers from the paperwork resulted in a shift of this workload to the CNA's. Multiple forms that used to be completed by the nurses and providers have now been delegated to the CNA's. There is a perception among this group of being "dumped on" as a result of these changes in responsibility.

The decrease in satisfaction with efficiency, treatment team, organization, and quality might be a result of the increased expectations resulting from the training. During the APHCO training, the primary care teams were actually functioning as teams. All members were included in decision-making and problem solving. Everybody's input was incorporated into the action plans and everyone was made to feel like an important part of the team. The team concept was apparently lost following the training. Staff reverted back to their own positional concerns and functions. The only sense of team came from the geography of where you worked in the clinic. From the comments from one CNA, "What happened after the chalk was erased from the boards at our optimization training? Answer: Everyone left, relocated or got deployed." Another commented, "Lots of good ideas, concerns...Not enough effort being put forward by key players" (Appendix E). CNA's satisfaction seems to have been especially affected by this perception.

Administrative Support Staff Satisfaction

The Administrative Support Staff was lowest for satisfaction with the professional experience and pay/benefits domain for the initial survey. For the follow-up survey, they showed the least amount of statistically significant change. There was no significant change for any of the satisfaction domains with this group. However, for the follow-up survey, the Administrative Support Staff ranked lowest in satisfaction with workload and pay/benefits. They also had the highest satisfaction with treatment team and efficiency for the second survey. The only significant change for this group was seen in the facet measuring satisfaction with medical record availability. It was noted by more than one staff member that medical record availability had become a problem in the clinic. CNA's and Nursing Staff also reported decreases in satisfaction with this facet.

The Administrative Support Staff had their largest increases in the professional experience and treatment team domains although neither of these was significant. APHCO training on roles and responsibilities highlighted the importance of these staff members to the mission of the primary care teams. Largest decreases for this group were with pay/benefits and efficiency. The facets that showed the highest correlations to overall satisfaction for this group were prospects for advancement, ability to change clinic templates, and recognition and awards.

Patient Satisfaction

The APHCO training contained didactic and team exercises that attempted to raise the consciousness of the primary care teams on customer satisfaction. Every clinic process was analyzed as to how it affected patients and many of the clinic action plans contained initiatives aimed at improving patient satisfaction. The questions in the patient satisfaction survey appropriately measured the key components of this training.

Access to care is an important component of patient satisfaction and it was hard to ignore the access issues presented in the survey data. Question 2 showed that the preponderance of appointments were for sick call and same day appointments. This can be explained by two factors. Active duty soldiers' primary access into the clinic is through the sick call process. It is difficult or impossible for active duty soldiers to secure scheduled routine appointments for their medical needs. Additionally, during the time both surveys were administered, the Moore Clinic had a shortage of available routine appointments for family members, therefore, their only access to health services was same day or walk-in appointments.

This is not necessarily a bad thing. Accessing the system on the same day your medical need presents would seem ideal. Active duty soldiers are able to walk-in for their medical needs and, in theory, family members have the same access with same day appointments. There are problems associated with the

reality of this system. During the initial survey, active duty patients arrived for sick call at 6:30 a.m., took a number, and waited to be screened to determine if they would see a provider that morning or be referred to another appointment later in the day or week. The average time waiting to be screened was 48 minutes. This system was not popular with patients or staff. Many soldiers commented on their surveys that it would be desirable if they were able to call for scheduled appointments. Following the APHCO training, there were some improvements made in the sick call process. Screening time was decreased, more providers were on hand to evaluate and treat the soldiers, and soldiers were pleased with the improvements, although not totally satisfied.

Continuity is also a problem with this system. According to the survey results, there is no active use of the PCMBN program with the active duty soldiers. Of the soldiers who know who their PCM is, very few see the PCM for appointments. Soldiers are usually seen by the next available provider. One soldier commented on his survey, “Every time I have had an appointment, a different person looks at me” (Appendix F). This creates a clear continuity problem and potentially a quality problem. This problem is not unique to the Moore Clinic. The average percentage of patients seeing their PCM for appointments is only 25 percent throughout the Army (Figure 2). It is quite possible

that the percentage of active duty members is even lower for this measure.

Family members were seen predominantly for same day appointments. Again, the first impression for this pattern of appointments does not present a problem. What could be bad about being seen on the same day as you call for an appointment? The reality is that there are a limited number of same day appointments available each day. Not everyone who desires to be seen is able to secure one of these appointments. Although the statistics from the survey show patients' reported wait times between making appointments and being seen are low, these numbers report only the patients who were able to secure one of these appointments and do not indicate how many days it took for these patients to get this "same day appointment." Recognizing this problem, the Moore Clinic has hired telephone triage nurses to call patients unable to secure requested same day appointments and attempt to identify those truly in need of same day care.

Continuity with PCM's is also an issue with family members between the two surveys. While the family member's report seeing their PCM at a higher percentage than active duty soldiers, the number is still low. At 30 percent, it is slightly higher than the Army average for this metric but for many family members, this is an issue. Two comments from the survey indicated a concern from family members: "I have not been

able to get an appointment with my child's primary care provider, for the last 6 visits" and "I don't understand why they give you a primary care giver. You hardly ever get to see that person" (Appendix F). The statistics for those seeing their PCM were not precise in that some of the patients might have seen their PCM and not have known it.

Family members satisfaction indicated that they were satisfied on the initial survey and continued to be satisfied with the services and access at the Moore Clinic on the second survey. There were some minor changes in some of the facets but no significant changes between the two surveys. Active duty satisfaction appears to have been the most affected between the two surveys. The changes in sick call procedures, while not meeting all of the needs of the soldiers, seems to have resulted in increased satisfaction with their access to care. This facet showed the largest increase between the initial and follow-up surveys. Active duty overall satisfaction with the Moore Clinic also showed a significant increase and this change could certainly have been related to the APHCO training and optimization initiatives. Despite the increases in satisfaction observed with the active duty population, they continued to be less satisfied when compared with the family members. This finding has been shown to be true in other research as well (Patrick, 1995).

Conclusion and Recommendations

There were changes observed in both patient and staff satisfaction after the APHCO training was conducted in November 2002. The intent of the training was to provide a framework for optimization and business process reengineering for the primary care teams that would continue long after the training concluded. Because of increased operational tempo following the training and subsequent affects on leadership availability for support/encouragement of the primary care teams and optimization activities, the teams apparently ceased to function in the intended manner and there was limited ongoing optimization activity. Continued work on the optimization initiatives was limited to a select number of individuals in the clinic. This might have resulted in a lesser impact of the training on patient and staff satisfaction observed between the two survey times.

The staff satisfaction survey changes varied by functional working groups. There were more significant decreases in staff satisfaction than increases. CNA's reported the most significant change but they were also the newest group in the clinic and most apt to report changes from their initial surveys. The failure to follow-through on the work begun during the training on building functional primary care teams might have been related to some of the decreased staff satisfaction levels identified in the survey analysis. Certainly, the training and

new skill sets provided to the staff had some impact but it is difficult to isolate the impact of the training alone on staff satisfaction.

There were several trends observed in the analyses of the different correlations with the staff satisfaction domains. Across all of the primary care team functional groups, satisfaction was often related to the organizational facets involving command support and data provided to staff. The Moore Clinic is one of the largest health clinics in the Department of Defense. It has been without a full-time administrative officer until very recently and the clinic leadership has been in transition and occupied with soldier readiness issues for the last several months. Staff survey responses and narrative comments demonstrate a desire among the mostly civilian staff to have a more effective and active relationship with the clinic's military leadership. Successful implementation of the primary care team concept and leadership support and empowerment of the primary care teams' optimization activities would have a positive effect on staff satisfaction and clinic operations.

Overall patient satisfaction increased following the APHCO training. Active duty soldiers had the largest amount of statistically significant increases. Identifying the strength of the relationship of the APHCO training with these changes is as problematic with patient satisfaction as it is with staff satisfaction.Further studies are indicated to accurately measure

the strength of the relationship between the APCHO training and changes in staff and patient satisfaction. This could be done by measuring changes simultaneously in clinics with and without the APHCO training and optimization initiatives.

The patient satisfaction survey provided some interesting findings that would indicate further study or intervention. The continued problems with PCMBN are not unique to the Moore Clinic. Meeting this challenge will require a more concerted effort to reform the appointing system so that it places PCMBN as a priority. PCMBN affects both patient and staff satisfaction. Continuity will be difficult to provide as long as appointments are in short supply and patients feel obliged to take advantage of whatever access they can get.

The relatively high number of patients who indicated that they would utilize a self-care program would indicate an area for further action. A reassessment of the current packaging and marketing of the existing self-care program for soldiers and family members might enable the clinic to reallocate a substantial number of appointments and increase access.

It is also recommended that any future study of access not limit itself to patients being seen in the clinic. These patients have, at a minimum, succeeded in getting access to the system. Surveying patients at alternate locations (day care, gym, post exchange) would allow the research to include patients who are not able to access patient appointments and would add to

the value of the study. Also, the tool should be refined to not only measure the amount of time between the appointment being made and the appointment, but also the amount of time it took to get an appointment.

The changes in patient and staff satisfaction at the Moore Clinic following the APHCO training were significant. The changes were seen despite and/or because of challenges to the leadership and staff in fully implementing the recommended changes identified during the training. It can be surmised that with greater success in promoting fully functioning primary care teams and staff involvement in the optimization initiatives, even greater and more positive changes might have been observed.

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Table 1

Position and Status Summary of Thomas Moore Clinic Staff

Position	Active Duty	Civilian GS	Contractor	Total
MD	3		15	18
NP	2		4	6
PA	4	3	1	8
RN		1	3	4
LPN		3	8	11
91W	2			2
CNA		9	25	34
MedClk		3	6	9
Coders			3	3
Total				95

Note. Staffing summary date: November 2002

Table 2

Staff Satisfaction Domains, Facets and Reliability

Domain	Facets		Chronbachs Alpha	
			Initial Survey	Follow-up Survey
Workload	Q 4	Leisure Time	.7424	.7063
	Q 5	Pace of Work		
Treatment Team	Q 6	Medical Asst support	.8178	.7560
	Q 7	RN Support		
	Q 8	Medical Clerk Support		
	Q9	Medical Record Availability		
	Q 10	Provider Support		
	Q 11	Treatment Teamwork and Support		
Facility Support	Q 12	Exam and Treatment Rooms	.8472	.8582
	Q 13	Clinic Layout		
	Q 14	Assigned Exam Rooms and Efficiency		
Practice Autonomy	Q 15	Patient Care Autonomy	.8748	.8524
	Q 16	Process Autonomy		
	Q 17	Scheduling Autonomy		
	Q 18	Role on Team		
Organization	Q 19	Local Primary Care Emphasis	.8891	.9276
	Q 20	Local Leadership		
	Q 21	AMEDD Leadership		
	Q 22	Data Provided from Local Leadership		

Note. A Chronbach's Alpha of over .7000 indicated good internal reliability.

Table 3

Staff Satisfaction Groups, Facets and Reliability (Cont)

Groups	Facets		Chronbach's Alpha	
			Initial Survey	Follow-up Survey
Professional Experience	Q 23	Interaction with Team members	.8835	.9092
	Q 24	Training		
	Q 25	Scope of Practice		
	Q 26	Teaching Activities		
	Q 27	Contribute to Patient Overall Health		
	Q 28	Valued for Role on Team		
Patient Relationships	Q 29	Patient Appreciation	.8866	.9122
	Q 30	Contribution to Patient Lives		
	Q 31	Current Relationships		
Efficiency	Q 32	Efficiency Use of Pt Time	.8694	.8601
	Q 33	Efficient Provider Time		
	Q 34	Overall Treatment Team Efficiency		
	Q 35	Sick Call Efficiency		
	Q 36	Normal Clinic Appt Efficiency		
Quality of Medical Care	Q 37	Population Health Data	.8206	.8080
	Q 38	Time with each patient		
	Q 39	Continuity of Care		
	Q 40	Overall Quality		
Compensation	Q 41	Pay and other benefits	.8464	.8968
	Q 42	Prospects for Advancement		
	Q 43	Recognition and Awards		
Overall Satisfaction	Q 44	Overall Satisfaction	.5784	.4331
	Q 45	Plans to Separate		

Note. A Chronbach's Alpha of over .7000 indicated good internal reliability.

Table 4

Staff Satisfaction Groups, Facets and Reliability (Cont)

Groups	Facets		Chronbach's Alpha	
			Initial Survey	Follow-up Survey
APHCO Knowledge	Q 46	Population Health Knowledge	.9141	.9400
	Q 47	Enrollment Capacity Plan		
	Q 48	Roles of Primary Care Team Members		
	Q 49	Funding Sources from MEDCOM		
	Q 50	Data Sources to aid in Decision-Making		
	Q 51	Customer Service Data		

Note. A Chronbach's Alpha of over .7000 indicated good internal reliability.

TABLE 5

Position and Status Crosstab of Respondents to Initial Staff Satisfaction Survey

		Status			Total
		Active Duty	Civilian GS	Contractor	
Position	MD	2		8	10
	NP	2		3	5
	PA	2	1	1	4
	RN		1	3	4
	LPN		3	7	10
	91W	2			2
	CNA		9	24	33
	MedClk		3	6	9
	Other			3	3
Total		10	15	55	80

Note. Survey date November 2002 at Thomas Moore Health Clinic

TABLE 6

Position and Status Crosstab of Respondents to Follow-up Staff Satisfaction Survey

		Status			Total
		Active Duty	Civilian GS	Contractor	
Position	MD	1		12	13
	NP			2	2
	PA	1	2	2	5
	RN		1	2	3
	LPN		3	7	10
	91W	3			3
	CNA		8	19	27
	MedClk		1	8	9
	Other			3	3
Total		5	15	55	75

Note. Survey date April 2003 at Thomas Moore Health Clinic

Table 7

Previous Formal instruction in Population Health Primary Care Optimization (Initial Survey Question 3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	77	96.3	96.3	96.3
	yes	3	3.8	3.8	3.8
	Total	80	100.0	100.0	

Table 8

Previous Formal instruction in Population Health Primary Care Optimization other than APHCO (Follow-up Survey Question 3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	70	93.3	93.3	93.3
	yes	5	6.7	6.7	100.0
	Total	75	100.0	100.0	

Table 9
Crosstab Count of Attendance at APCHO training; Question a.

		Attend APCHO		Total
		no	yes	
Position	MD	6	7	13
	NP	2		2
	PA	2	3	5
	RN		3	3
	LPN	2	8	10
	91W		3	3
	CNA	2	25	27
	MedClk	1	8	9
	Other	3		3
Total		18	57	75

Note. Data from follow-up survey

Table 10
Position * Days Attended Crosstab Count (Question b)

		Days Attended					Total
		1 day	2 days	3 days	4 days	5 days	
Position	MD					7	7
	PA					3	3
	RN			1		2	3
	LPN				2	6	8
	91W				1	2	3
	91W				1	2	3
	CNA	1		1	9	14	25
	CNA	1		1	9	14	25
	MedClk		2	2	1	3	8
	MedClk		2	2	1	3	8
Total		1	2	4	13	37	57
Total		1	2	4	13	37	57

Table 11

Question c. crosstab frequencies by position

		Strongly Disagree	Mostly Disagree	Slightly Disagree	Agree	Slightly Agree	Mostly Agree	Strongly Agree	Total
Position	MD	1			4		2		7
	PA	1	1				1		3
	RN				1		2		3
	LPN				1	3	3	1	8
	91W				1	1	1		3
	CNA		1	2	9	8	4	1	25
	MedClk			1	3	2	1	1	8
Total		2	2	3	19	14	14	3	57

Table 12

Crosstab descriptive statistics by functional group; Question c.

	n	Minimum	Maximum	Mean
All Staff	57	1	7	4.67
Providers	10	1	6	3.80
Nursing Staff	39	2	7	4.87
Admin Staff	8	3	7	4.75

Note. Seven-point scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree)

Table 13

Frequency APHCO activities; Total Staff (Question d.)

	Frequency	Percent	Valid Percent	Cumulative Percent
No time at all	43	57.3	57.3	57.3
Every other month	4	5.3	5.3	62.7
Monthly	7	9.3	9.3	72.0
Every Other Week	3	4.0	4.0	76.0
Weekly	18	24.0	24.0	100.0
Total	75	100.0	100.0	

Note. Results from all staff, follow-up survey

Table 14

Descriptive Statistics; Frequency Optimization Activities (Question d.)

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Frequency APHCO activities?	75	0	4	1.32	.20	1.710
Valid N (listwise)	75					

Note. From Likert scale responses coded: 0 = no time at all, 1 = every other month, 2 = monthly, 3 = every other week, 4 = weekly.

TABLE 15

Crosstabulation Count by Position Frequency APHCO activities (Question d.)

		Frequency APHCO activities?					Total
		No time at all	Every other month	Monthly	Every Other Week	Weekly	
Position	MD	10		2		1	13
	NP	2					2
	PA	2	1	1		1	5
	RN	1		2			3
	LPN	6		1		3	10
	91W					3	3
	CNA	14	3	1	1	8	27
	MedClk	5			2	2	9
	Other	3					3
Total		43	4	7	3	18	75

Note. Responses from staff satisfaction follow-up survey

Table 16

Overall Staff Satisfaction with Workload

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.24	.15	*4.93	.11	-.31
Providers	4.21	.35	*4.88	.31	.66
Nursing Staff	*5.44	.25	*5.19	.21	-.25
CNA's	*5.92	.19	*4.91	.25	-1.02
Admin Support Staff	*4.71	.29	4.71	.39	.00
Attended APCHO			*4.89	.15	** -.35

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 17

Staff Satisfaction with Level of Leisure and Family Time

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.35	.16	*5.03	.17	-.32
Providers	4.79	.39	*5.10	.35	.31
Nursing Staff	*5.50	.30	*5.31	.27	-.19
CNA's	*5.88	.21	*5.00	.33	-.88
Admin Support Staff	4.58	.43	4.58	.34	.00
Attended APCHO			*4.95	.20	** -.39

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 18

Staff Satisfaction with Pace of Work

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.13	.18	*4.83	.15	-.30
Providers	3.63	.40	4.65	.34	1.02
Nursing Staff	*5.38	.33	*5.06	.19	-.31
CNA's	*5.97	.21	*4.81	.25	-1.15
Admin Support Staff	*4.83	.27	4.83	.51	.00
Attended APCHO			*4.81	.16	** -.32

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 19

Overall Staff Satisfaction Staff with Treatment Team

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.19	.12	*4.90	.12	-.29
Providers	*4.86	.27	*4.86	.30	.00
Nursing Staff	*5.04	.23	*4.95	.23	-.09
CNA's	*5.49	.19	*4.67	.16	-.82
Admin Support Staff	*5.10	.28	*5.42	.27	.32
Attended APCHO			*4.82	.14	** -.38

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 20

Staff Satisfaction Staff with Treatment Team CNA's

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.64	.16	*5.44	.14	-.20
Providers	*5.16	.38	*5.20	.34	.04
Nursing Staff	*5.25	.37	*5.50	.18	.25
CNA's	*6.06	.19	*5.44	.25	-.62
Admin Support Staff	*5.75	.45	*5.75	.30	.00
Attended APCHO			*5.39	.16	** -.25

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 21

Staff Satisfaction Staff with Treatment Team RN's

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.56	.15	*5.01	.18	-.54
Providers	*5.05	.34	*5.15	.33	.10
Nursing Staff	*5.38	.36	*5.19	.33	-.19
CNA's	*5.81	.23	4.59	.31	-1.22
Admin Support Staff	*5.92	.31	*5.50	.51	-.42
Attended APCHO			*4.86	.21	** -.70

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 22

Staff Satisfaction Staff with Treatment Team Medical Clerks

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.08	.18	*5.04	.16	-.04
Providers	3.47	.44	*5.25	.32	.19
Nursing Staff	4.38	.36	*5.00	.27	-.13
CNA's	*5.30	.28	4.56	.25	-.74
Admin Support Staff	4.50	.50	3.92	.54	1.33
Attended APCHO			*4.89	.19	** -.19

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 23

Staff Satisfaction Staff with Treatment Team Medical Record Availability

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.10	.20	3.76	.18	-.34
Providers	3.47	.44	3.75	.39	.28
Nursing Staff	4.38	.36	4.31	.34	-.06
CNA's	4.31	.33	*3.37	.23	-.94
Admin Support Staff	4.17	.41	3.92	.54	-.25
Attended APCHO			3.72	.20	** -.38

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 24

Staff Satisfaction Staff with Treatment Team Provider Support

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.55	.16	*5.36	.16	-.19
Providers	*5.41	.35			
Nursing Staff	*5.25	.23	*4.88	.31	-.38
CNA's	*5.81	.27	*5.30	.23	-.52
Admin Support Staff	*5.42	.38	*6.17	.21	.75
Attended APCHO			*5.30	.19	** -.25

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 25

Staff Satisfaction Staff with Treatment Team Teamwork

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.13	.18	*4.92	.17	-.21
Providers	*5.00	.43	*4.95	.38	-.05
Nursing Staff	*4.88	.39	*4.81	.39	-.06
CNA's	*5.44	.24	*4.78	.28	-.66
Admin Support Staff	4.83	.49	*5.33	.28	.50
Attended APCHO			*4.84	.20	** -.29

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 26

Overall Satisfaction with Facilities

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.12	.16	*4.89	.14	-.23
Providers	*5.61	.28	*5.03	.33	-.58
Nursing Staff	4.40	.32	*4.77	.18	.37
CNA's	*5.27	.25	*4.91	.23	-.36
Admin Support Staff	*4.88	.42	*4.78	.39	-.10
Attended APCHO			*4.92	.16	** -.20

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 27

Staff Satisfaction with Facility Exam Rooms

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.16	.18	*4.81	.17	-.34
Providers	*5.89	.27	*5.00	.38	-.89
Nursing Staff	4.25	.39	4.44	.26	.19
CNA's	*5.22	.32	*4.89	.30	-.33
Admin Support Staff	*5.00	.37	*4.83	.34	-.17
Attended APCHO			*4.84	.19	** -.31

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 28

Staff Satisfaction with Facility Layout

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.88	.18	*4.87	.14	-.02
Providers	*5.05	.40	*5.15	.29	.10
Nursing Staff	4.13	.33	*4.75	.19	.63
CNA's	*5.22	.28	*4.74	.25	-.48
Admin Support Staff	4.73	.52	4.83	.44	.11
Attended APCHO			*4.77	.17	** -.11

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 29

Staff Satisfaction with Number of Exam Rooms per Provider

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.35	.17	*5.00	.16	-.35
Providers	*5.89	.29	*4.95	.37	-.94
Nursing Staff	*4.81	.39	*5.13	.20	.31
CNA's	*5.38	.27	*5.11	.28	-.26
Admin Support Staff	*5.10	.46	4.67	.48	-.43
Attended APCHO			*5.14	.17	** -.21

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 30

Overall Staff Satisfaction with Autonomy

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.03	.13	*4.85	.14	-.10
Providers	*4.49	.32	*4.81	.26	.33
Nursing Staff	*4.88	.18	*4.75	.22	-.13
CNA's	*5.43	.10	*4.97	.13	-.45
Admin Support Staff	*4.94	.38	*4.82	.37	-.13
Attended APCHO			*4.99	.11	** -.01

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 31

Staff Satisfaction with Ability to Provide Patient Care According to Best Judgment

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.58	.14	*5.58	.14	.00
Providers	*5.00	.37	*5.40	.28	.40
Nursing Staff	*5.81	.26	*5.69	.24	-.13
CNA's	*5.84	.17	*5.56	.24	-.29
Admin Support Staff	*5.45	.31	*5.81	.39	.35
Attended APCHO			*5.73	.16	** .15

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 32

Staff Satisfaction with Ability to Initiate Changes In the Way Work is done in the Clinic

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.68	.17	*4.64	.17	-.04
Providers	3.84	.35	4.40	.36	.56
Nursing Staff	*4.81	.34	4.75	.44	-.06
CNA's	*5.25	.19	*4.78	.26	-.47
Admin Support Staff	4.27	.56	4.55	.39	.27
Attended APCHO			*4.70	.22	** .02

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 33

Staff Satisfaction with Ability to Make Changes in the Work Schedule

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.65	.17	4.36	.18	-.29
Providers	4.16	.40	4.55	.37	.39
Nursing Staff	4.06	.30	4.00	.45	-.06
CNA's	*5.24	.22	4.38	.24	-.86
Admin Support Staff	4.55	.51	4.45	.49	-.09
Attended APCHO			4.49	.21	** -.16

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 34

Staff Satisfaction that Role on Primary Care Team Utilizes Clinical Abilities within Scope of Practice

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.09	.16	*4.86	.19	-.23
Providers	*4.94	.36	*4.90	.36	-.04
Nursing Staff	4.81	.43	4.56	.48	-.25
CNA's	*5.38	.22	*5.15	.27	-.23
Admin Support Staff	*4.91	.37	4.55	.53	-.36
Attended APCHO			*5.04	.22	** -.05

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 35

Overall Staff Satisfaction with Organization

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.76	.13	*4.61	.15	.15
Providers	4.21	.18	*4.85	.16	.64
Nursing Staff	*4.71	.26	4.36	.38	-.35
CNA's	*5.22	.10	*4.54	.13	-.68
Admin Support Staff	4.42	.25	4.71	.38	.28
Attended APCHO			*4.60	.10	** -.16

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 36

Staff Satisfaction with Emphasis that Local Leadership Places on Primary Care

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.13	.14	*4.57	.16	-.55
Providers	*5.11	.31	*4.95	.34	-.16
Nursing Staff	*4.69	.27	4.25	.37	-.44
CNA's	*5.33	.21	4.52	.26	-.81
Admin Support Staff	*5.17	.44	4.50	.38	-.67
Attended APCHO			*4.54	.20	** -.59

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 37

Staff Satisfaction with Local Medical Leadership

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.73	.16	*4.60	.17	- .13
Providers	4.16	.41	*5.05	.34	.89
Nursing Staff	*4.81	.31	4.31	.46	-.50
CNA's	*5.24	.18	4.33	.26	-.91
Admin Support Staff	4.09	.46	*4.83	.34	.74
Attended APCHO			*4.56	.21	** -.17

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 38

Staff Satisfaction with Army Medical Department Leadership

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.59	.15	*4.73	.16	.13
Providers	3.68	.32	*4.85	.33	1.17
Nursing Staff	*4.69	.30	*4.87	.29	.18
CNA's	*5.19	.20	4.52	.26	-.67
Admin Support Staff	4.33	.36	4.83	.46	.50
Attended APCHO			*4.73	.19	** .14

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 39

Staff Satisfaction with the Amount of Data Provided by Leadership to Aid in Decision Making

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.56	.15	*4.57	.16	.01
Providers	3.89	.33	4.55	.29	.66
Nursing Staff	*4.73	.28	4.19	.42	-.55
CNA's	*5.09	.22	*4.78	.24	-.32
Admin Support Staff	4.00	.30	4.67	.45	.67
Attended APCHO			*4.56	.20	** .00

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 40

Overall Staff Satisfaction with Professional Experience

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.35	.07	*5.07	.14	-.27
Providers	*4.93	.18	*5.04	.12	.11
Nursing Staff	*5.52	.14	*4.95	.16	-.57
CNA's	*5.73	.08	*5.15	.11	-.58
Admin Support Staff	*4.64	.22	*5.11	.42	.47
Attended APCHO			*5.10	.08	** -.25

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 41

Staff Satisfaction with Interaction with Other Primary Care Team Members in Individual's Role on Primary Care Team

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.44	.16	*5.36	.14	-.08
Providers	*5.68	.37	*5.50	.24	-.18
Nursing Staff	*5.25	.34	*5.31	.28	.06
CNA's	*5.67	.20	*5.15	.28	-.52
Admin Support Staff	4.64	.59	*5.73	.30	1.09
Attended APCHO			*5.36	.17	** -.08

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 42

Staff Satisfaction with Training to Care for Patients Efficiently

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.28	.19	*5.08	.18	-.20
Providers	4.44	.48	*4.90	.31	.46
Nursing Staff	*5.63	.34	4.81	.41	-.81
CNA's	*5.91	.16	*5.26	.29	-.65
Admin Support Staff	4.20	.68	*5.36	.51	1.16
Attended APCHO			*5.18	.20	** -.10

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 43

Staff Satisfaction with Scope of Practice

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.60	.15	*5.04	.17	-.56
Providers	*5.63	.29	*5.30	.25	-.33
Nursing Staff	*5.50	.39	4.50	.47	-1.00
CNA's	*5.69	.25	*5.19	.27	-.50
Admin Support Staff	*5.45	.31	5.00	.52	-.45
Attended APCHO			*5.02	.20	** -.58

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 44

Staff Satisfaction with Ability to Participate in Meaningful Teaching Activities

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.08	.19	*4.63	.20	-.45
Providers	4.00	.49	3.95	.39	-.05
Nursing Staff	*5.69	.34	4.81	.46	-.88
CNA's	*5.69	.20	*5.11	.28	-.58
Admin Support Staff	4.18	.46	4.36	.53	.18
Attended APCHO			*4.67	.24	** -.41

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 45

Staff Satisfaction with Ability to Contribute to the Overall Health of the Clinic Patients

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.54	.15	*5.23	.15	-.31
Providers	*5.32	.35	*5.35	.25	.03
Nursing Staff	*5.50	.37	*5.31	.30	-.19
CNA's	*5.70	.21	*5.19	.27	-.51
Admin Support Staff	*5.55	.28	5.00	.52	-.55
Attended APCHO			*5.30	.18	** -.24

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 46

Staff Satisfaction with Being Valued for Role on Primary Care Team

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.15	.19	*5.07	.17	-.08
Providers	4.42	.47	*5.20	.28	.78
Nursing Staff	*5.56	.29	*4.94	.38	-.63
CNA's	*5.73	.22	*5.00	.31	-.73
Admin Support Staff	4.17	.65	*5.18	.52	1.02
Attended APCHO			*5.07	.21	** -.08

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 47

Overall Staff Satisfaction with Patient Relationships

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.60	.08	*5.70	.12	-.11
Providers	*5.23	.19	*5.53	.12	.31
Nursing Staff	*5.46	.17	*6.15	.12	.69
CNA's	*5.83	.12	*5.59	.15	-.24
Admin Support Staff	*5.77	.35	*5.64	.35	-.13
Attended APCHO			*5.79	.13	** .19

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 48

Staff Satisfaction that Patients Appreciate Work Done for Them

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.44	.15	*5.46	.15	.02
Providers	*5.05	.34	*5.35	.24	.30
Nursing Staff	*5.31	.28	*5.88	.22	.56
CNA's	*5.81	.21	*5.30	.29	-.52
Admin Support Staff	*5.20	.57	*5.45	.49	.25
Attended APCHO			*5.54	.16	** .10

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 49

Staff Satisfaction with Contribution Made to Life of Clinic Patients

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.64	.14	*5.88	.12	.24
Providers	*5.37	.34	*5.70	.21	.33
Nursing Staff	*5.44	.29	*6.25	.19	.81
CNA's	*5.81	.21	*5.78	.24	-.03
Admin Support Staff	*5.90	.35	*5.90	.31	.00
Attended APCHO			*5.96	.13	** .32

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 50

Staff Satisfaction with Current Relationships with Patients

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.71	.14	*5.79	.12	.08
Providers	*5.26	.30	*5.55	.20	.29
Nursing Staff	*5.63	.30	*6.31	.18	.69
CNA's	*5.88	.22	*5.70	.24	-.17
Admin Support Staff	*6.20	.33	*5.70	.37	-.50
Attended APCHO			*5.86	.15	** .15

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 51

Overall Staff Satisfaction with Treatment Team Efficiency

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.69	.15	*4.39	.13	-.29
Providers	*3.57	.19	*4.36	.14	.80
Nursing Staff	*4.60	.14	4.22	.16	-.38
CNA's	*5.29	.11	*4.35	.14	-.94
Admin Support Staff	*4.95	.29	*4.75	.36	-.21
Attended APCHO			*4.31	.15	** -.38

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 52

Staff Satisfaction that Patients Do Not Spend Wasted Time While Receiving Medical Care in the Clinic

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.61	.19	4.05	.18	-.56
Providers	3.58	.48	3.95	.35	.37
Nursing Staff	4.47	.31	3.69	.35	-.78
CNA's	*5.19	.24	4.15	.32	-1.04
Admin Support Staff	4.91	.48	4.50	.47	-.41
Attended APCHO			3.98	.22	** -.63

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 53

Staff Satisfaction that Amount of Time Spent in Activities Related to Patient Care

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.13	.17	*5.01	.14	-.12
Providers	4.05	.42	*4.70	.32	.65
Nursing Staff	*5.07	.28	*4.88	.26	-.19
CNA's	*5.59	.21	*5.22	.23	-.37
Admin Support Staff	*5.80	.36	*5.33	.37	-.47
Attended APCHO			*5.04	.17	** -.09

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 54

Staff Satisfaction with Treatment Team Efficiency

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.97	.18	*4.60	.17	-.37
Providers	4.00	.42	4.55	.31	.55
Nursing Staff	*4.67	.27	4.31	.44	-.35
CNA's	*5.53	.24	*4.67	.27	-.86
Admin Support Staff	*5.45	.39	*5.00	.39	-.45
Attended APCHO			*4.53	.19	** -.44

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 55

Staff Satisfaction with the Efficiency of Sick Call As It Is Handled in the Clinic

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.49	.18	4.00	.18	-.49
Providers	3.36	.43	4.32	.29	.96
Nursing Staff	4.40	.27	3.60	.40	-.80
CNA's	*5.07	.25	3.81	.30	-1.25
Admin Support Staff	4.50	.45	4.45	.53	-.05
Attended APCHO			3.84	.21	** -.65

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 56

Staff Satisfaction with How Normal Clinic Appointments are Handled in the Clinic

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.21	.20	4.30	.18	.09
Providers	*2.79	.34	4.30	.35	1.51
Nursing Staff	4.40	.38	*4.56	.24	.16
CNA's	*5.06	.27	3.89	.34	-1.17
Admin Support Staff	3.90	.62	4.91	.49	1.01
Attended APCHO			4.18	.20	** -.03

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 57

Overall Staff Satisfaction Quality of Medical Care

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.77	.13	*4.59	.12	-.17
Providers	3.78	.26	*4.41	.26	.64
Nursing Staff	*4.54	.24	*4.77	.20	.22
CNA's	*5.24	.19	*4.40	.20	-.84
Admin Support Staff	*5.31	.25	*5.14	.37	-.17
Attended APCHO			*4.58	.13	** -.18

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 58

Staff Satisfaction With Access to Data Reflecting Demographics and Health Status of Enrolled Population

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.59	.15	*4.41	.17	-.19
Providers	4.00	.39	4.25	.37	.25
Nursing Staff	3.93	.28	4.56	.36	.63
CNA's	*5.10	.19	4.04	.27	-1.06
Admin Support Staff	*5.00	.28	*5.36	.34	.36
Attended APCHO			4.27	.21	** -.32

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 59

Staff Satisfaction Amount of Time to Take Care of Patients

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.59	.19	*4.68	.16	.09
Providers	*3.11	.37	4.60	.32	1.49
Nursing Staff	4.60	.36	*5.13	.15	.53
CNA's	*5.28	.23	4.22	.29	-1.06
Admin Support Staff	*5.20	.33	*5.44	.41	.24
Attended APCHO			*4.64	.18	** .05

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 60

Staff Satisfaction With Continuity of Care That Patients Receive

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.57	.18	4.25	.15	-.33
Providers	*3.21	.31	3.90	.33	.69
Nursing Staff	4.47	.32	3.94	.32	-.53
CNA's	*5.19	.26	4.37	.21	-.82
Admin Support Staff	*5.40	.43	*5.10	.41	-.30
Attended APCHO			4.25	.16	** -.32

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 61

Staff Satisfaction With Overall Quality of Medical Care Provided in the Clinic

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.21	.14	*5.05	.14	-.15
Providers	*4.89	.31	*4.90	.29	.01
Nursing Staff	*5.29	.19	*5.44	.22	.15
CNA's	*5.30	.22	*4.96	.22	-.34
Admin Support Staff	*5.36	.39	5.00	.52	-.36
Attended APCHO			*5.18	.15	** -.03

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 62

Overall Staff Satisfaction With Pay and Opportunities For Advancement

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.19	.18	3.80	.20	-.39
Providers	4.02	.27	4.03	.22	.02
Nursing Staff	4.16	.21	*4.81	.20	.66
CNA's	4.38	.24	*3.28	.34	-1.15
Admin Support Staff	3.94	.41	*3.19	.33	-.75
Attended APCHO			3.91	.24	** -.28

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 63

Staff Satisfaction With Pay and Other Benefits

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.19	.20	3.83	.22	-.36
Providers	4.42	.47	4.50	.39	.08
Nursing Staff	3.93	.40	*4.88	.40	.94
CNA's	4.06	.28	*2.93	.35	-1.13
Admin Support Staff	4.50	.57	3.33	.57	-1.17
Attended APCHO			3.98	.26	** -.21

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 64

Staff Satisfaction With Prospects for Advancement

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.19	.21	3.83	.22	-.37
Providers	3.83	.48	3.90	.39	.07
Nursing Staff	4.40	.36	*4.69	.31	.29
CNA's	4.44	.25	3.59	.40	-.84
Admin Support Staff	3.83	.84	3.08	.66	-.75
Attended APCHO			3.98	.27	** -.21

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 65

Staff Satisfaction With Opportunities for Recognition and Awards

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.10	.20	3.73	.21	-.37
Providers	3.79	.44	3.70	.37	-.09
Nursing Staff	4.13	.36	*4.88	.36	.74
CNA's	4.50	.25	3.33	.38	-1.17
Admin Support Staff	3.50	.73	3.17	.51	-.33
Attended APCHO			3.77	.26	** -.33

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 66

Overall Satisfaction with Current Position in Military Medicine

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.08	.15	*4.88	.14	-.20
Providers	*4.89	.34	*5.00	.28	.11
Nursing Staff	*5.20	.35	*5.31	.24	.11
CNA's	*5.16	.21	*4.67	.23	-.49
Admin Support Staff	*5.00	.40	4.58	.40	-.42
Attended APCHO			*4.91	.16	** -.17

Note. Satisfaction is scaled on seven point Likert scale, 1 = very dissatisfied, seven = very satisfied.

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 67

Staff Plan to Separate from the Army (or Quit Position) at Next Opportunity

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*5.21	.19	*5.05	.18	-.16
Providers	4.33	.39	*5.10	.28	.77
Nursing Staff	*5.31	.40	*5.31	.35	.00
CNA's	*5.67	.26	*4.96	.33	-.70
Admin Support Staff	*5.27	.49	4.83	.58	-.44
Attended APCHO			*5.18	.21	** -.03

Note. Likelihood to separate is scaled on seven point Likert scale, 1 = definitely separate, seven = definitely not

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 68

Overall Knowledge of Population Health Primary Care Optimization

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.02	.13	*4.72	.15	.70
Providers	3.83	.15	4.30	.15	.47
Nursing Staff	3.93	.16	*5.23	.11	1.30
CNA's	4.16	.21	*4.76	.29	.60
Admin Support Staff	4.08	.17	*4.68	.16	.60
Attended APCHO			*4.99	.17	** .97

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 69

Aware of Concepts of Population Health and How It Might Be Used To Improve Quality of Care For the Clinic Patients

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.28	.18	*4.99	.15	.71
Providers	4.00	.39	*4.80	.30	.80
Nursing Staff	4.29	.40	*5.63	.18	1.34
CNA's	4.45	.27	*4.81	.30	.36
Admin Support Staff	4.25	.49	*4.83	.32	.58
Attended APCHO			*5.20	.16	** .92

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 70

Familiar with Concept of Enrollment Capacity

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*3.70	.14	*4.73	.17	1.04
Providers	*3.37	.29	4.55	.34	1.18
Nursing Staff	3.57	.34	*5.19	.26	1.62
CNA's	3.90	.19	4.52	.34	.62
Admin Support Staff	3.83	.37	*4.92	.36	1.08
Attended APCHO			*5.00	.20	** 1.30

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 71

Comfortable With Understanding of the Roles of the Various Members of the Primary Care Team

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*4.65	.16	*5.07	.15	.42
Providers	*5.00	.32	*4.85	.29	-.15
Nursing Staff	4.53	.38	*5.69	.22	1.15
CNA's	*4.52	.24	*4.93	.29	.41
Admin Support Staff	4.58	.45	*4.92	.31	.33
Attended APCHO			*5.30	.17	** .65

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 72

Aware of the Opportunities to Secure Funding From MEDCOM to Improve Delivery of Patient Care

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	*3.47	.15	*4.57	.17	1.10
Providers	*3.21	.35	4.00	.36	.79
Nursing Staff	3.43	.34	*5.06	.21	1.63
CNA's	3.61	.22	*4.78	.30	1.16
Admin Support Staff	3.58	.31	4.42	.45	.83
Attended APCHO			*4.86	.19	** 1.39

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 73

Aware of Various Data Sources Available to Assist with Primary Care Staff Decision Making

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	3.88	.18	*4.61	.17	.73
Providers	3.74	.35	4.00	.38	.26
Nursing Staff	3.71	.49	*5.19	.14	1.47
CNA's	3.94	.28	*4.78	.31	.84
Admin Support Staff	4.17	.44	4.50	.45	.33
Attended APCHO			*4.86	.19	** .98

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 74

Provided with Adequate Customer Satisfaction Data to Address Patient Concerns and Improve Clinic Perception in Community

	Initial Survey		Follow-up Survey		Change in Satisfaction
	Value	SEM	Value	SEM	
All Staff	4.16	.17	*4.40	.19	.24
Providers	3.67	.38	3.60	.41	-.07
Nursing Staff	4.00	.35	4.63	.41	.63
CNA's	*4.55	.26	*4.81	.28	.27
Admin Support Staff	4.08	.42	4.50	.48	.42
Attended APCHO			*4.70	.22	** .54

Note. Agreement with knowledge on subject is scaled on seven point Likert scale, 1 = strongly disagree, seven = strongly agree

* The number is greater than 2 standard errors of the mean away from neutral satisfaction: $p < .05$

** "Attended APHCO" change compared with "All Staff" initial survey

Table 75

Comparison of "ALL STAFF" Satisfaction Before and After APCHO Training

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	2527.0	.087
Q. 4	Workload leisure	2570.0	.115
Q. 5	Workload pace	2508.5	.070
	TREATMENT TEAM	2484.0	.064
Q. 6	Treatment Tm CNA	2589.5	.129
Q. 7	Treatment Tm RN	2372.0	***.029**
Q. 8	Treatment Tm MdClk	2735.5	.767
Q. 9	Treatment Tm Med Rec	2629.5	.221
Q. 10	Treatment Tm Provider	1889.0	.204
Q. 11	Treatment Tm teamwork	2663.0	.329
	FACILITY	2595.0	.226
Q. 12	Facility exam rms	2445.5	.097
Q. 13	Facility layout	2785.5	.603
Q. 14	Facility exam rms per provider	2446.5	.096
	AUTONOMY	2689.0	.326
Q. 15	Practice Autonomy pt care	2824.0	.929
Q. 16	Practice Autonomy initiate change	2752.5	.612
Q. 17	Practice Autonomy change schedule	2583.5	.254
Q. 18	Practice Autonomy scope of practice	2651.5	.453

Note. * = Results significant at the level p < .05

Table 76

Comparison of "ALL STAFF" Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	2816.0	.508
Q. 19	Organization emphasis on prim care	2348.5	***.017**
Q. 20	Organization local leadership	2785.0	.511
Q. 21	Organization AMEDD leadership	2792.5	.625
Q. 22	Organization Data provided	2855.5	.794
	PROFESSIONAL EXPERIANCE	2551.0	.138
Q. 23	Professional Experience team interaction	2690.0	.381
Q. 24	Professional Experience training	2506.0	.238
Q. 25	Professional Experience scope of practice	2223.0	***.012**
Q. 26	Professional Experience part in teaching	2352.0	.079
Q. 27	Professional Experience ability to contrib to pt hlth	2474.5	.092
Q. 28	Professional Experience value of role on team	2741.5	.420
	PATIENT RELATIONSHIPS	2747.5	.702
Q. 29	Pt Relationships patients appreciation of work	2836.5	.962
Q. 30	Pt Relationships contribution to lives of pts	2556.0	.318
Q. 31	Pt Relationships relationships with pts	2781.0	.908

Note. * = Results significant at the level p < .05

Table 77

Comparison of "ALL STAFF" Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	EFFICIENCY	2439.0	.098
Q. 32	Treatment Team Efficiency pts wasted time	2290.0	*.025
Q. 33	Treatment Team Efficiency time spent on pt care	2500.0	.352
Q. 34	Treatment Team Efficiency team efficiency	2390.0	.107
Q. 35	Treatment Team Efficiency sick call efficiency	2048.0	.064
Q. 36	Treatment Team Efficiency normal clinic appts	2771.0	.876
	QUALITY	2578.0	.206
Q. 37	Quality Medical Care access to data	2579.0	.367
Q. 38	Quality Medical Care amt of time to spend with pts	2715.5	.936
Q. 39	Quality Medical Care pts continuity of care	2353.5	.133
Q. 40	Quality Medical Care overall quality of care	2568.5	.346
	PAY AND BENEFITS	2618.0	.212
Q. 41	Pay and Benefits pay and benefits	2713.0	.361
Q. 42	Pay and Benefits prospects for advancement	2587.5	.261
Q. 43	Pay and Benefits opportunity for recognition/awards	2582.5	.203
Q. 44	Overall Satisfaction current position	2626.5	.321
Q. 45	Plan to Separate	2521.5	.478

Note. * = Results significant at the level p < .05

Table 78

Comparison of "ALL STAFF" Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	KNOW APHCO	2044.5	*.002
Q. 46	Knowledge of PopHlthPCO pop hlth concepts	2022.5	*.003
Q. 47	Knowledge of PopHlthPCO enrollment capacity	1738.5	*.000
Q. 48	Knowledge of PopHlthPCO roles of team members	2402.0	.066
Q. 49	Knowledge of PopHlthPCO opportunities to secure funding	1678.5	*.000
Q. 50	Knowledge of PopHlthPCO data sources available	2049.0	*.002
Q. 51	Knowledge of PopHlthPCO customer satisfaction info	2563.5	.338

Note. * = Results significant at the level p < .05

Table 79

Comparison of Provider Satisfaction Before and After APCHO Training

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	139.5	.152
Q. 4	Workload leisure	171.5	.593
Q. 5	Workload pace	126.0	.066
	TREATMENT TEAM	189.0	.978
Q. 6	Treatment Tm CNA	187.5	.942
Q. 7	Treatment Tm RN	182.0	.818
Q. 8	Treatment Tm MdClk	162.5	.812
Q. 9	Treatment Tm Med Rec	171.0	.588
Q. 10	Treatment Tm Provider	5.5	.551
Q. 11	Treatment Tm teamwork	174.5	.870
	FACILITY	147.0	.224
Q. 12	Facility exam rms	131.5	.090
Q. 13	Facility layout	186.0	.908
Q. 14	Facility exam rms per provider	122.5	.051
	AUTONOMY	165.0	.479
Q. 15	Practice Autonomy pt care	161.0	.393
Q. 16	Practice Autonomy initiate change	147.5	.222
Q. 17	Practice Autonomy change schedule	165.0	.474
Q. 18	Practice Autonomy scope of practice	174.5	.868

Note.* = results significant at the level $p < .05$

Table 80

Comparison of Provider Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	134.5	.116
Q. 19	Organization emphasis on prim care	179.0	.752
Q. 20	Organization local leadership	135.0	.115
Q. 21	Organization AMEDD leadership	100.5	*.009
Q. 22	Organization Data provided	127.5	.068
	PROFESSIONAL EXPERIANCE	188.5	.966
Q. 23	Professional Experience team interaction	145.5	.187
Q. 24	Professional Experience training	168.5	.729
Q. 25	Professional Experience scope of practice	148.0	.215
Q. 26	Professional Experience part in teaching	167.0	.902
Q. 27	Professional Experience ability to contrib to pt hlth	182.5	.826
Q. 28	Professional Experience value of role on team	155.0	.316
	PATIENT RELATIONSHIPS	157.5	.356
Q. 29	Pt Relationships patients appreciation of work	168.0	.524
Q. 30	Pt Relationships contribution to lives of pts	167.0	.495
Q. 31	Pt Relationships relationships with pts	167.0	.501

Note.* = results significant at the level p < .05

Table 81

Comparison of Provider Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	EFFICIENCY	119.5	*.047
Q. 32	Treatment Team Efficiency pts wasted time	169.0	.549
Q. 33	Treatment Team Efficiency time spent on pt care	150.0	.250
Q. 34	Treatment Team Efficiency team efficiency	151.5	.272
Q. 35	Treatment Team Efficiency sick call efficiency	83.5	.063
Q. 36	Treatment Team Efficiency normal clinic appts	90.5	*.004
	QUALITY	130.0	.091
Q. 37	Quality Medical Care access to data	162.0	.591
Q. 38	Quality Medical Care amt of time to spend with pts	90.5	*.004
Q. 39	Quality Medical Care pts continuity of care	138.5	.138
Q. 40	Quality Medical Care overall quality of care	182.0	.817
	PAY AND BENEFITS	183.5	.855
Q. 41	Pay and Benefits pay and benefits	189.0	.977
Q. 42	Pay and Benefits prospects for advancement	176.0	.905
Q. 43	Pay and Benefits opportunity for recognition/awards	179.0	.750
Q. 44	Overall Satisfaction current position	178.0	.728
Q. 45	Plan to Separate	134.0	.168

Note.* = results significant at the level p < .05

Table 82

Comparison of Provider Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	KNOW APHCO	153.5	.304
Q. 46	Knowledge of PopHlthPCO pop hlth concepts	119.0	.065
Q. 47	Knowledge of PopHlthPCO enrollment capacity	106.0	*.015
Q. 48	Knowledge of PopHlthPCO roles of team members	180.5	.784
Q. 49	Knowledge of PopHlthPCO opportunities to secure funding	135.0	.113
Q. 50	Knowledge of PopHlthPCO data sources available	161.0	.405
Q. 51	Knowledge of PopHlthPCO customer satisfaction info	178.5	.964

Note.* = results significant at the level p < .05

Table 83

Comparison of Nursing Staff Satisfaction Before and After APCHO Training

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	109.0	.467
Q. 4	Workload leisure	113.0	.558
Q. 5	Workload pace	99.0	.252
	TREATMENT TEAM	114.5	.610
Q. 6	Treatment Tm CNA	127.5	.984
Q. 7	Treatment Tm RN	111.5	.521
Q. 8	Treatment Tm MdClk	116.0	.642
Q. 9	Treatment Tm Med Rec	123.5	.862
Q. 10	Treatment Tm Provider	105.5	.373
Q. 11	Treatment Tm teamwork	121.0	.787
	FACILITY	102.5	.331
Q. 12	Facility exam rms	113.0	.560
Q. 13	Facility layout	96.0	.209
Q. 14	Facility exam rms per provider	113.0	.559
	AUTONOMY	114.5	.610
Q. 15	Practice Autonomy pt care	115.0	.601
Q. 16	Practice Autonomy initiate change	125.0	.908
Q. 17	Practice Autonomy change schedule	106.0	.373
Q. 18	Practice Autonomy scope of practice	117.5	.687

Note. * = results significant at the level $p < .05$

Table 84

Comparison of Nursing Staff Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	113.5	.582
Q. 19	Organization emphasis on prim care	115.5	.628
Q. 20	Organization local leadership	112.5	.551
Q. 21	Organization AMEDD leadership	107.0	.595
Q. 22	Organization Data provided	107.5	.612
	PROFESSIONAL EXPERIANCE	96.0	.226
Q. 23	Professional Experience team interaction	127.5	.985
Q. 24	Professional Experience training	90.0	.143
Q. 25	Professional Experience scope of practice	87.0	.115
Q. 26	Professional Experience part in teaching	92.5	.169
Q. 27	Professional Experience ability to contrib to pt hlth	107.5	.424
Q. 28	Professional Experience value of role on team	94.5	.194
	PATIENT RELATIONSHIPS	76.5	*.048
Q. 29	Pt Relationships patients appreciation of work	90.5	.142
Q. 30	Pt Relationships contribution to lives of pts	75.0	*.037
Q. 31	Pt Relationships relationships with pts	86.0	.093

Note. * = results significant at the level p < .05

Table 85

Comparison of Nursing Staff Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	EFFICIENCY	104.0	.526
Q. 32	Treatment Team Efficiency pts wasted time	83.0	.130
Q. 33	Treatment Team Efficiency time spent on pt care	106.5	.579
Q. 34	Treatment Team Efficiency team efficiency	112.5	.761
Q. 35	Treatment Team Efficiency sick call efficiency	79.5	.158
Q. 36	Treatment Team Efficiency normal clinic appts	117.0	.902
	QUALITY	103.5	.511
Q. 37	Quality Medical Care access to data	100.5	.419
Q. 38	Quality Medical Care amt of time to spend with pts	86.0	.155
Q. 39	Quality Medical Care pts continuity of care	95.5	.312
Q. 40	Quality Medical Care overall quality of care	98.0	.525
	PAY AND BENEFITS	81.0	.121
Q. 41	Pay and Benefits pay and benefits	78.0	.086
Q. 42	Pay and Benefits prospects for advancement	106.5	.583
Q. 43	Pay and Benefits opportunity for recognition/awards	86.0	.170
Q. 44	Overall Satisfaction current position	118.0	.934
Q. 45	Plan to Separate	103.0	.964

Note.* = results significant at the level $p < .05$

Table 86

Comparison of Nursing Staff Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	KNOW APHCO	36.5	*.001
Q. 46	Knowledge of PopHlthPCO pop hlth concepts	45.0	*.004
Q. 47	Knowledge of PopHlthPCO enrollment capacity	34.5	*.001
Q. 48	Knowledge of PopHlthPCO roles of team members	59.5	*.014
Q. 49	Knowledge of PopHlthPCO opportunities to secure funding	27.5	*.000
Q. 50	Knowledge of PopHlthPCO data sources available	45.5	*.004
Q. 51	Knowledge of PopHlthPCO customer satisfaction info	85.5	0.261

Note.* = results significant at the level p < .05

Table 87

Comparison of CNA Satisfaction Before and After APCHO Training

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	241.5	*.002
Q. 4	Workload leisure	323.0	.059
Q. 5	Workload pace	221.0	*.001
	TREATMENT TEAM	234.5	*.002
Q. 6	Treatment Tm CNA	325.5	.063
Q. 7	Treatment Tm RN	244.5	*.003
Q. 8	Treatment Tm MdClk	277.5	*.037
Q. 9	Treatment Tm Med Rec	299.0	*.040
Q. 10	Treatment Tm Provider	295.5	*.030
Q. 11	Treatment Tm teamwork	320.0	.080
	FACILITY	355.5	.240
Q. 12	Facility exam rms	363.0	.283
Q. 13	Facility layout	332.5	.118
Q. 14	Facility exam rms per provider	379.5	.409
	AUTONOMY	340.5	.117
Q. 15	Practice Autonomy pt care	386.5	.463
Q. 16	Practice Autonomy initiate change	331.0	.108
Q. 17	Practice Autonomy change schedule	278.5	*.017
Q. 18	Practice Autonomy scope of practice	394.0	.552

Note. * = results significant at the level p < .05

Table 88

Comparison of CNA Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	290.0	*.020
Q. 19	Organization emphasis on prim care	290.0	*.017
Q. 20	Organization local leadership	269.0	*.007
Q. 21	Organization AMEDD leadership	301.0	*.041
Q. 22	Organization Data provided	362.5	.274
	PROFESSIONAL EXPERIANCE	318.5	.058
Q. 23	Professional Experience team interaction	354.5	.164
Q. 24	Professional Experience training	336.0	.129
Q. 25	Professional Experience scope of practice	336.0	.133
Q. 26	Professional Experience part in teaching	336.5	.135
Q. 27	Professional Experience ability to contrib to pt hlth	354.5	.164
Q. 28	Professional Experience value of role on team	329.5	.077
	PATIENT RELATIONSHIPS	391.5	.531
Q. 29	Pt Relationships patients appreciation of work	355.0	.226
Q. 30	Pt Relationships contribution to lives of pts	431.0	.987
Q. 31	Pt Relationships relationships with pts	399.5	.605

Note. * = results significant at the level p < .05

Table 89

Comparison of CNA Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	EFFICIENCY	248.0	*.005
Q. 32	Treatment Team Efficiency pts wasted time	281.5	*.018
Q. 33	Treatment Team Efficiency time spent on pt care	352.0	.209
Q. 34	Treatment Team Efficiency team efficiency	284.0	*.021
Q. 35	Treatment Team Efficiency sick call efficiency	226.0	*.003
Q. 36	Treatment Team Efficiency normal clinic appts	265.0	*.010
	QUALITY	241.5	*.002
Q. 37	Quality Medical Care access to data	234.0	*.003
Q. 38	Quality Medical Care amt of time to spend with pts	251.0	*.005
Q. 39	Quality Medical Care pts continuity of care	250.0	*.006
Q. 40	Quality Medical Care overall quality of care	357.5	.175
	PAY AND BENEFITS	293.0	*.023
Q. 41	Pay and Benefits pay and benefits	285.0	*.015
Q. 42	Pay and Benefits prospects for advancement	338.5	.147
Q. 43	Pay and Benefits opportunity for recognition/awards	272.0	*.013
Q. 44	Overall Satisfaction current position	332.0	.116
Q. 45	Plan to Separate	292.0	.059

Note. * = results significant at the level p < .05

Table 90

Comparison of CNA Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	KNOW APHCO	348.0	.271
Q. 46	Knowledge of PopHlthPCO pop hlth concepts	368.0	.563
Q. 47	Knowledge of PopHlthPCO enrollment capacity	346.0	.234
Q. 48	Knowledge of PopHlthPCO roles of team members	355.5	.315
Q. 49	Knowledge of PopHlthPCO opportunities to secure funding	256.5	*.009
Q. 50	Knowledge of PopHlthPCO data sources available	308.0	.080
Q. 51	Knowledge of PopHlthPCO customer satisfaction info	392.0	.665

Note. * = results significant at the level p < .05

Table 91

Comparison of ADMINISTRATIVE SUPPORT STAFF Satisfaction Before and After APCHO Training

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	70.5	.930
Q. 4	Workload leisure	64.5	.642
Q. 5	Workload pace	61.0	.509
	TREATMENT TEAM	58.5	.435
Q. 6	Treatment Tm CNA	65.0	.674
Q. 7	Treatment Tm RN	67.0	.762
Q. 8	Treatment Tm MdClk	38.5	*.047
Q. 9	Treatment Tm Med Rec	70.5	.929
Q. 10	Treatment Tm Provider	50.0	.170
Q. 11	Treatment Tm teamwork	59.0	.438
	FACILITY	66.0	.000
Q. 12	Facility exam rms	55.0	.717
Q. 13	Facility layout	63.0	.844
Q. 14	Facility exam rms per provider	54.0	.663
	AUTONOMY	64.0	.902
Q. 15	Practice Autonomy pt care	45.0	.466
Q. 16	Practice Autonomy initiate change	58.0	.865
Q. 17	Practice Autonomy change schedule	59.5	.945
Q. 18	Practice Autonomy scope of practice	54.5	.677

Note. * = results significant at the level p < .05

Table 92

Comparison of ADMINISTRATIVE SUPPORT STAFF Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	69.0	.861
Q. 19	Organization emphasis on prim care	50.0	.184
Q. 20	Organization local leadership	50.0	.306
Q. 21	Organization AMEDD leadership	61.5	.531
Q. 22	Organization Data provided	54.5	.286
	PROFESSIONAL EXPERIANCE	47.0	.240
Q. 23	Professional Experience team interaction	41.5	.194
Q. 24	Professional Experience training	36.0	.172
Q. 25	Professional Experience scope of practice	53.5	.636
Q. 26	Professional Experience part in teaching	54.5	.685
Q. 27	Professional Experience ability to contrib to pt hlth	51.0	.514
Q. 28	Professional Experience value of role on team	50.0	.316
	PATIENT RELATIONSHIPS	54.5	.971
Q. 29	Pt Relationships patients appreciation of work	53.5	.913
Q. 30	Pt Relationships contribution to lives of pts	48.5	.904
Q. 31	Pt Relationships relationships with pts	37.0	.301

Note. * = results significant at the level $p < .05$

Table 93

Comparison of ADMINISTRATIVE SUPPORT STAFF Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
*	EFFICIENCY	59.0	.666
Q. 32	Treatment Team Efficiency pts wasted time	56.5	.552
Q. 33	Treatment Team Efficiency time spent on pt care	34.0	.344
Q. 34	Treatment Team Efficiency team efficiency	43.5	.406
Q. 35	Treatment Team Efficiency sick call efficiency	54.5	.971
Q. 36	Treatment Team Efficiency normal clinic appts	36.5	.184
*	QUALITY	60.0	.708
Q. 37	Quality Medical Care access to data	54.0	.438
Q. 38	Quality Medical Care amt of time to spend with pts	39.5	.641
Q. 39	Quality Medical Care pts continuity of care	43.5	.602
Q. 40	Quality Medical Care overall quality of care	46.5	.536
*	PAY AND BENEFITS	59.0	.451
Q. 41	Pay and Benefits pay and benefits	52.0	.240
Q. 42	Pay and Benefits prospects for advancement	60.5	.487
Q. 43	Pay and Benefits opportunity for recognition/awards	70.0	.906
Q. 44	Overall Satisfaction current position	55.0	.470
Q. 45	Plan to Separate	58.5	.634

Note. * = results significant at the level $p < .05$

Table 94

Comparison of ADMINISTRATIVE SUPPORT STAFF Satisfaction Before and After APCHO Training (Cont)

Survey Question	Satisfaction Domain or Facet		Mann-Whitney U	Asymp. Sig. (2-tailed)
*	KNOW APHCO		57.0	.385
Q. 46	Knowledge of PopHlthPCO concepts	pop hlth	58.5	.417
Q. 47	Knowledge of PopHlthPCO capacity	enrollment	43.5	.071
Q. 48	Knowledge of PopHlthPCO members	roles of team	66.0	.713
Q. 49	Knowledge of PopHlthPCO to secure funding	opportunities	54.5	.286
Q. 50	Knowledge of PopHlthPCO available	data sources	62.5	.568
Q. 51	Knowledge of PopHlthPCO satisfaction info	customer	62.5	.571

Note. * = results significant at the level p < .05

Table 95

Comparison of Initial Survey Respondents and "Attended APHCO" Satisfaction

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	WORKLOAD	1848.0	.057
Q. 4	Workload leisure	1898.5	.088
Q. 5	Workload pace	1850.0	.054
	TREATMENT TEAM	1788.5	***.032**
Q. 6	Treatment Tm CNA	1922.0	.107
Q. 7	Treatment Tm RN	1695.0	***.012**
Q. 8	Treatment Tm MdClk	1956.5	.396
Q. 9	Treatment Tm Med Rec	1954.5	.183
Q. 10	Treatment Tm Provider	1568.0	.196
Q. 11	Treatment Tm teamwork	1968.0	.246
	FACILITY	1986.0	.288
Q. 12	Facility exam rms	1865.5	.131
Q. 13	Facility layout	2049.5	.430
Q. 14	Facility exam rms per provider	1946.5	.252
	AUTONOMY	2188.0	.818
Q. 15	Practice Autonomy pt care	1994.5	.472
Q. 16	Practice Autonomy initiate change	2158.5	.906
Q. 17	Practice Autonomy change schedule	2030.5	.510
Q. 18	Practice Autonomy scope of practice	2149.5	.976

Note. * = results significant at the level p < .05

Table 96

Comparison of Initial Survey Respondents and "Attended APHCO" Satisfaction (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	ORGANIZATION	2120.0	.483
Q. 19	Organization emphasis on prim care	1776.0	***.024**
Q. 20	Organization local leadership	2095.0	.481
Q. 21	Organization AMEDD leadership	2106.0	.628
Q. 22	Organization Data provided	2183.0	.855
	PROFESSIONAL EXPERIANCE	1979.5	.248
Q. 23	Professional Experience team interaction	2053.5	.467
Q. 24	Professional Experience training	1968.5	.451
Q. 25	Professional Experience scope of practice	1674.0	***.018**
Q. 26	Professional Experience part in teaching	1840.5	.193
Q. 27	Professional Experience ability to contrib to pt hlth	1963.0	.253
Q. 28	Professional Experience value of role on team	2103.0	.536
	PATIENT RELATIONSHIPS	2034.0	.465
Q. 29	Pt Relationships patients appreciation of work	2123.5	.742
Q. 30	Pt Relationships contribution to lives of pts	1869.0	.172
Q. 31	Pt Relationships relationships with pts	2057.0	.638

Note. * = results significant at the level p < .05

Table 97

Comparison of Initial Survey Respondents and "Attended APHCO" Satisfaction (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	EFFICIENCY	1777.5	.060
Q. 32	Treatment Team Efficiency pts wasted time	1701.0	***.024**
Q. 33	Treatment Team Efficiency time spent on pt care	1965.5	.442
Q. 34	Treatment Team Efficiency team efficiency	1808.5	.077
Q. 35	Treatment Team Efficiency sick call efficiency	1444.0	***.019**
Q. 36	Treatment Team Efficiency normal clinic appts	2099.5	.759
	QUALITY	1899.0	.160
Q. 37	Quality Medical Care access to data	1792.0	.111
Q. 38	Quality Medical Care amt of time to spend with pts	2092.0	.865
Q. 39	Quality Medical Care pts continuity of care	1778.5	.126
Q. 40	Quality Medical Care overall quality of care	2068.0	.677
	PAY AND BENEFITS	2087.5	.468
Q. 41	Pay and Benefits pay and benefits	2175.5	.734
Q. 42	Pay and Benefits prospects for advancement	2082.5	.609
Q. 43	Pay and Benefits opportunity for recognition/awards	1997.5	.307
Q. 44	Overall Satisfaction current position	2020.0	.419
Q. 45	Plan to Separate	2013.0	.849

Note. * = results significant at the level p < .05

Table 98

Comparison of Initial Survey Respondents and "Attended APHCO" Satisfaction (Cont)

Survey Question	Satisfaction Domain or Facet	Mann-Whitney U	Asymp. Sig. (2-tailed)
	KNOW APHCO	1315.0	*.000
Q. 46	Knowledge of PopHlthPCO pop hlth concepts	1388.5	*.001
Q. 47	Knowledge of PopHlthPCO enrollment capacity	1116.0	*.000
Q. 48	Knowledge of PopHlthPCO roles of team members	1603.0	*.006
Q. 49	Knowledge of PopHlthPCO opportunities to secure funding	1057.0	*.000
Q. 50	Knowledge of PopHlthPCO data sources available	1377.5	*.000
Q. 51	Knowledge of PopHlthPCO customer satisfaction info	1733.0	0.057

Note. * = results significant at the level p < .05

Table 99

Factors Related to Overall Satisfaction with Workload in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of time that I have to take care of my patients	.430	.000	148
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.411	.000	155
Satisfaction with the amount of time that I spend in activities related to patient care	.402	.000	148
Satisfaction that the patients appreciate the work I do for them	.378	.000	151
Satisfaction with Army Medical Department (AMEDD) leadership/support	.359	.000	153
Satisfaction with RN support	.351	.000	154
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.347	.000	152
Satisfaction with the continuity of care that patients receive	.341	.000	148
Satisfaction with how normal clinic appointments are handled in the clinic	.330	.000	150
Satisfaction with overall treatment team efficiency	.323	.000	150
Overall satisfaction with my current position in Military Medicine	.319	.000	152
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.316	.000	152
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.313	.000	152
Satisfaction with the amount of data provided by leadership to aid in decision making	.313	.000	153

Table 100

Factors Related to Overall Satisfaction with Workload in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with layout of the clinic to maximize efficiency	.313	.000	153
Satisfaction with my interaction with other team members in my role on the clinical care team	.312	.000	153
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.308	.000	147
Satisfaction with the contribution I make to the lives of the clinic patients	.308	.000	150
Satisfaction that I am valued for my role on the clinic staff	.306	.000	154
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.306	.000	151
Satisfaction with the overall quality of medical care that is provided in the clinic	.302	.000	150
Satisfaction with the training I receive to care for patients efficiently	.293	.000	150
Satisfaction with local medical leadership	.292	.000	154
Satisfaction with my current relationships with my patients	.285	.000	150
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.283	.000	152
Satisfaction in my ability to contribute to the overall health of the clinic patients	.271	.001	153
Satisfaction with Provider support (Physician, NP, PA)	.270	.002	133
Satisfaction with my ability to participate in meaningful teaching activities	.269	.001	150

Table 101

Factors Related to Overall Satisfaction with Workload in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to provide patient care according to my best judgment	.269	.001	151
Satisfaction with medical clerk support	.265	.001	150
Satisfaction with the way the treatment team works together to support each other	.240	.003	153
Satisfaction with number of exam and treatment rooms	.231	.004	152
Satisfaction with my scope of practice	.227	.005	152
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.213	.011	141
Satisfaction with medical record availability	.211	.009	154
Satisfaction with the emphasis that local leadership places on primary care	.203	.011	155
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.187	.022	150
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.166	.042	150
Satisfaction with my prospects for advancement	.162	.046	152
Satisfaction with my opportunities for recognition and awards	.162	.046	153

Table 102

Factors Related to Overall Satisfaction with Workload in "All Staff" Negative Correlations

Factors	Correlation Coefficient	p	n
Prov vs non provider	-.199	**.013**	155
Other than the APHCO training, have you received any formal instruction in Population Health Primary Care Clinical Optimization?	-.203	**.011**	155

Table 103

Factors Related to Overall Satisfaction with Workload in Providers
Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of time that I have to take care of my patients	.625	.000	39
Satisfaction with the amount of time that I spend in activities related to patient care	.546	.000	39
Satisfaction with the continuity of care that patients receive	.447	.004	39
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.445	**.005**	39
Satisfaction with how normal clinic appointments are handled in the clinic	.389	**.014**	39

Table 104

Factors Related to Overall Satisfaction with Workload in Nursing Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my level of leisure time and family time	.877	.000	32
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.801	**.000**	32
APHCO Useful	.584	**.028**	14

Table 105

Factors Related to Overall Satisfaction with Workload in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.662	.000	60
Overall satisfaction with my current position in Military Medicine	.643	.000	59
Satisfaction with RN support	.534	.000	59
Satisfaction that I am valued for my role on the clinic staff	.532	.000	60
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.501	.000	57
Satisfaction with Provider support (Physician, NP, PA)	.476	.000	59
Satisfaction with layout of the clinic to maximize efficiency	.462	.000	59
Satisfaction with the amount of time that I have to take care of my patients	.460	.000	59
Satisfaction with the amount of time that I spend in activities related to patient care	.455	.000	59
Satisfaction that the patients appreciate the work I do for them	.454	.000	59
Satisfaction with my scope of practice	.446	.000	59
Satisfaction with my interaction with other team members in my role on the clinical care team	.435	.001	60
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.433	.001	59
Satisfaction with the emphasis that local leadership places on primary care	.427	.001	60

Table 106

Factors Related to Overall Satisfaction with Workload in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with overall treatment team efficiency	.418	.001	59
Satisfaction with my ability to participate in meaningful teaching activities	.418	.001	59
Satisfaction with medical clerk support	.395	.002	57
Satisfaction with local medical leadership	.393	.002	60
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.393	.002	59
Satisfaction with the continuity of care that patients receive	.391	.002	58
Satisfaction with the contribution I make to the lives of the clinic patients	.390	.002	59
Satisfaction in my ability to contribute to the overall health of the clinic patients	.382	.003	60
Satisfaction with Army Medical Department (AMEDD) leadership/support	.381	.003	59
Satisfaction with my pay and other benefits	.374	.003	60
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated sco	.373	.004	59
Satisfaction with how normal clinic appointments are handled in the clinic	.370	.004	59
Satisfaction with the training I receive to care for patients efficiently	.367	.004	59

Table 107

Factors Related to Overall Satisfaction with Workload in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my current relationships with my patients	.348	**.007**	59
Satisfaction with my opportunities for recognition and awards	.343	**.008**	59
Satisfaction with number of exam and treatment rooms	.320	**.014**	59
Satisfaction with the overall quality of medical care that is provided in the clinic	.319	**.013**	60
Satisfaction with my ability to provide patient care according to my best judgment	.312	**.016**	59
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.307	**.018**	59
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.290	**.027**	58
Satisfaction with the way the treatment team works together to support each other	.289	**.027**	59
Satisfaction with my prospects for advancement	.287	**.028**	59
Satisfaction with the amount of data provided by leadership to aid in decision making	.267	**.041**	59

Table 108

Factors Related to Overall Satisfaction with Workload in CNA's Negative Correlations

Factors	Correlation Coefficient	p	n
Location	-.403	.001	60
Attend APHCO	-.463	.000	60
Days Attended	-.478	.016	25

Table 109

Factors Related to Overall Satisfaction with Workload in Administrative Support Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with medical record availability	.515	.010	24
Satisfaction with my ability to make changes in the clinic schedule(template) to improve efficiency	.507	.016	22
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.486	.019	23
Satisfaction with my interaction with other team members in my role on the clinical care team	.474	.026	22
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.471	.027	22
Satisfaction with Army Medical Department (AMEDD) leadership/support	.446	.029	24
Satisfaction with medical clerk support	.427	.037	24

Table 110

Factors Related to Overall Satisfaction with Workload in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction that the patients appreciate the work I do for them	.391	.003	57
Satisfaction with Provider support (Physician, NP, PA)	.361	.013	47
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.338	.010	57
Satisfaction with the overall quality of medical care that is provided in the clinic	.332	.012	56
Satisfaction with my interaction with other team members in my role on the clinical care team	.324	.015	56
Satisfaction with the amount of time that I spend in activities related to patient care	.310	.020	56
Satisfaction with the contribution I make to the lives of the clinic patients	.306	.022	56
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.301	.023	57
Satisfaction with the amount of time that I have to take care of my patients	.296	.027	56
Satisfaction with my current relationships with my patients	.271	.043	56
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.267	.046	56
Overall satisfaction with my current position in Military Medicine	.267	.045	57
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.266	.045	57

Table 111

Factors Related to Overall Satisfaction with Treatment Team in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with local medical leadership	.685	.000	154
Satisfaction with overall treatment team efficiency	.662	.000	150
Satisfaction with Army Medical Department (AMEDD) leadership/support	.649	.000	153
Satisfaction with the emphasis that local leadership places on primary care	.630	.000	155
Satisfaction with the amount of data provided by leadership to aid in decision making	.600	.000	153
Satisfaction with my interaction with other team members in my role on the clinical care team	.578	.000	153
Satisfaction with the overall quality of medical care that is provided in the clinic	.553	.000	150
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.540	.000	141
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.528	.000	152
Satisfaction with the continuity of care that patients receive	.520	.000	148
Satisfaction with layout of the clinic to maximize efficiency	.506	.000	153
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.505	.000	150
Satisfaction that I am valued for my role on the clinic staff	.504	.000	154

Table 112

Factors Related to Overall Satisfaction with Treatment Team in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.472	.000	151
Satisfaction with the contribution I make to the lives of the clinic patients	.466	.000	150
Satisfaction in my ability to contribute to the overall health of the clinic patients	.464	.000	153
Satisfaction with my current relationships with my patients	.463	.000	150
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.463	.000	155
Satisfaction with how normal clinic appointments are handled in the clinic	.458	.000	150
Satisfaction with the amount of time that I have to take care of my patients	.453	.000	148
Satisfaction with the training I receive to care for patients efficiently	.441	.000	150
Satisfaction that the patients appreciate the work I do for them	.436	.000	151
Satisfaction with my scope of practice	.431	.000	152
Satisfaction with my ability to provide patient care according to my best judgment	.426	.000	151
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.423	.000	152
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.400	.000	152

Table 113

Factors Related to Overall Satisfaction with Treatment Team in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.382	.000	152
Satisfaction with number of exam and treatment rooms	.380	.000	152
Satisfaction with the amount of time that I spend in activities related to patient care	.376	.000	148
Satisfaction with my ability to participate in meaningful teaching activities	.365	.000	150
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.349	.000	150
APHCO Useful	.321	.015	57
I am comfortable with my understanding of the roles of the various members of the primary care team	.318	.000	152
Satisfaction with my prospects for advancement	.312	.000	152
Overall satisfaction with my current position in Military Medicine	.305	.000	152
Satisfaction with my opportunities for recognition and awards	.303	.000	153
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.265	.001	147
Satisfaction with my pay and other benefits	.250	.002	154
I am aware of the various data sources available to assist with primary care staff decision making	.240	.003	151
Satisfaction with my level of leisure time and family time	.236	.003	155

Table 114

Factors Related to Overall Satisfaction with Treatment Team in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.201	**.014**	149
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.187	**.021**	151

Table 115

Factors Related to Overall Satisfaction with Treatment Team in "All Staff" Negative Correlations

Factors	Correlation Coefficient	p	n
Attend APHCO	-.179	.026	155

Table 116

Factors Related to Overall Satisfaction with Treatment Team in Providers Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with medical clerk support	.891	.000	37
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.836	.000	39
Satisfaction with the way the treatment team works together to support each other	.823	.000	38
Satisfaction with RN support	.797	.000	39
Satisfaction with local medical leadership	.693	.000	39
Satisfaction with Army Medical Department (AMEDD) leadership/support	.668	.000	39
Satisfaction with the emphasis that local leadership places on primary care	.667	.000	39
Satisfaction with my ability to make changes in the clinic schedule(template) to improve efficiency	.644	.000	39
Satisfaction with the overall quality of medical care that is provided in the clinic	.643	.000	39
Satisfaction with Provider support (Physician, NP, PA)	.631	.005	18
Satisfaction with my current relationships with my patients	.626	.000	39
Satisfaction with my interaction with other team members in my role on the clinical care team	.610	.000	39
Satisfaction that I am valued for my role on the clinic staff	.592	.000	39

Table 117

Factors Related to Overall Satisfaction with Treatment Team in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with medical record availability	.570	.000	39
Satisfaction that the patients appreciate the work I do for them	.550	.000	39
Satisfaction with the amount of data provided by leadership to aid in decision making	.538	.000	39
Satisfaction with overall treatment team efficiency	.536	.000	39
Satisfaction in my ability to contribute to the overall health of the clinic patients	.536	.000	39
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.534	.001	38
Satisfaction with layout of the clinic to maximize efficiency	.529	.001	39
I am comfortable with my understanding of the roles of the various members of the primary care team	.515	.001	39
Satisfaction with the contribution I make to the lives of the clinic patients	.507	.001	39
Satisfaction with my ability to provide patient care according to my best judgment	.503	.001	39
Satisfaction with my scope of practice	.432	.006	39
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.425	.008	38

Table 118

Factors Related to Overall Satisfaction with Treatment Team in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.422	.007	39
Satisfaction with the training I receive to care for patients efficiently	.411	.010	38
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.407	.011	38
Satisfaction with the continuity of care that patients receive	.371	.020	39
Overall satisfaction with my current position in Military Medicine	.365	.022	39
I am aware of the various data sources available to assist with primary care staff decision-making	.360	.024	39
Satisfaction with my ability to participate in meaningful teaching activities	.347	.036	37
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.340	.036	38
Satisfaction with number of exam and treatment rooms	.332	.039	39
Satisfaction with my prospects for advancement	.321	.049	38
Satisfaction with my opportunities for recognition and awards	.319	.048	39

Table 119

Factors Related to Overall Satisfaction with Treatment Team in Nursing Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.726	.000	30
Satisfaction with local medical leadership	.647	.000	32
Satisfaction with overall treatment team efficiency	.632	.000	31
Satisfaction with the emphasis that local leadership places on primary care	.615	.000	32
Satisfaction with my interaction with other team members in my role on the clinical care team	.611	.000	32
Satisfaction with the amount of data provided by leadership to aid in decision-making	.593	.000	31
Satisfaction with how normal clinic appointments are handled in the clinic	.563	.001	31
Satisfaction with medical clerk support	.534	.002	32
Satisfaction that I am valued for my role on the clinic staff	.493	.004	32
Satisfaction with the training I receive to care for patients efficiently	.454	.009	32
Satisfaction with my ability to participate in meaningful teaching activities	.436	.013	32
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.434	.013	32
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.433	.015	31

Table 120

Factors Related to Overall Satisfaction with Treatment Team in Nursing Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.426	.017	31
Satisfaction with Army Medical Department (AMEDD) leadership/support	.424	.018	31
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.423	.016	32
Satisfaction with my ability to provide patient care according to my best judgment	.414	.019	32
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.403	.022	32
Satisfaction with my scope of practice	.398	.024	32
Satisfaction with the amount of time that I have to take care of my patients	.374	.038	31

Table 121

Factors Related to Overall Satisfaction with Treatment Team in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with overall treatment team efficiency	.756	.000	59
Satisfaction with local medical leadership	.736	.000	60
Satisfaction with Army Medical Department (AMEDD) leadership/support	.721	.000	59
Satisfaction with the emphasis that local leadership places on primary care	.720	.000	60
Satisfaction with the continuity of care that patients receive	.701	.000	58
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.698	.000	60
Satisfaction with the amount of time that I have to take care of my patients	.679	.000	59
Satisfaction with the amount of time that I spend in activities related to patient care	.657	.000	59
Satisfaction with layout of the clinic to maximize efficiency	.648	.000	59
Satisfaction with the overall quality of medical care that is provided in the clinic	.645	.000	60
Satisfaction with how normal clinic appointments are handled in the clinic	.636	.000	59
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.635	.000	59
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.619	.000	59

Table 122

Factors Related to Overall Satisfaction with Treatment Team in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.618	.000	57
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.587	.000	58
Satisfaction with my pay and other benefits	.579	.000	60
Satisfaction with the amount of data provided by leadership to aid in decision making	.558	.000	59
Satisfaction with my opportunities for recognition and awards	.550	.000	59
Satisfaction with my interaction with other team members in my role on the clinical care team	.546	.000	60
APHCO Useful	.527	.007	25
Satisfaction with my prospects for advancement	.522	.000	59
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.522	.000	59
Satisfaction with the contribution I make to the lives of the clinic patients	.484	.000	59
Overall satisfaction with my current position in Military Medicine	.482	.000	59
Satisfaction with my current relationships with my patients	.482	.000	59
Satisfaction with number of exam and treatment rooms	.473	.000	59
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.473	.000	59

Table 123

Factors Related to Overall Satisfaction with Treatment Team in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction that I am valued for my role on the clinic staff	.432	.001	60
Satisfaction that the patients appreciate the work I do for them	.432	.001	59
Satisfaction with the training I receive to care for patients efficiently	.431	.001	59
Satisfaction in my ability to contribute to the overall health of the clinic patients	.426	.001	60
Satisfaction with my scope of practice	.417	.001	59
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.414	.001	57
Satisfaction with my ability to participate in meaningful teaching activities	.360	.005	59
Satisfaction with my level of leisure time and family time	.360	.005	60
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.357	.005	59
Satisfaction with my ability to provide patient care according to my best judgment	.327	.011	59
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.263	.046	58
I am comfortable with my understanding of the roles of the various members of the primary care team	.262	.047	58

Table 124

Factors Related to Overall Satisfaction with Treatment Team in CNA's Negative Correlations

Factors	Correlation Coefficient	p	n
I am comfortable with my understanding of the roles of the various members of the primary care team	.262	**.047**	58
Location	-.410	**.001**	60
Attend APHCO	-.439	**.000**	60

Table 125

Factors Related to Overall Satisfaction with Administrative Support Staff in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with medical clerk support	.691	.000	24
Satisfaction with Provider support (Physician, NP, PA)	.662	**.000**	24
Satisfaction with the amount of data provided by leadership to aid in decision making	.578	**.003**	24
Satisfaction with Army Medical Department (AMEDD) leadership/support	.555	**.005**	24
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.517	**.010**	24
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.488	**.018**	23
Satisfaction that I am valued for my role on the clinic staff	.487	**.018**	23
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.480	**.018**	24
Satisfaction with my interaction with other team members in my role on the clinical care team	.480	**.024**	22

Table 126

Factors Related to Overall Satisfaction with Administrative Support Staff in "All Staff" Negative Correlations

Factors	Correlation Coefficient	p	n
Other than the APHCO training, have you received any formal instruction in Population Health Primary Care Clinical Optimization?	-.469	.021	24

Table 127

Factors Related to Overall Satisfaction with Treatment Team in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the emphasis that local leadership places on primary care	.739	.000	57
Satisfaction with local medical leadership	.736	.000	57
Satisfaction with Army Medical Department (AMEDD) leadership/support	.726	.000	56
Satisfaction with overall treatment team efficiency	.711	.000	57
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.697	.000	55
Satisfaction with my interaction with other team members in my role on the clinical care team	.653	.000	56
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.620	.000	55
Satisfaction with the amount of data provided by leadership to aid in decision making	.610	.000	57
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.589	.000	56
Satisfaction with the training I receive to care for patients efficiently	.587	.000	56
Satisfaction with the overall quality of medical care that is provided in the clinic	.585	.000	56
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.552	.000	57
Satisfaction that I am valued for my role on the clinic staff	.548	.000	56
Satisfaction with how normal clinic appointments are handled in the clinic	.540	.000	57

Table 128

Factors Related to Overall Satisfaction with Treatment Team in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction in my ability to contribute to the overall health of the clinic patients	.538	.000	56
Satisfaction with layout of the clinic to maximize efficiency	.538	.000	57
Satisfaction with the contribution I make to the lives of the clinic patients	.519	.000	56
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.502	.000	56
Satisfaction with my ability to provide patient care according to my best judgment	.492	.000	55
Satisfaction with my prospects for advancement	.475	.000	57
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.473	.000	57
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.470	.000	57
Satisfaction with my current relationships with my patients	.466	.000	56
Satisfaction with my opportunities for recognition and awards	.459	.000	57
Satisfaction with the continuity of care that patients receive	.454	.000	56
Satisfaction with the amount of time that I have to take care of my patients	.444	.001	56
Satisfaction with my ability to participate in meaningful teaching activities	.443	.001	55

Table 129

Factors Related to Overall Satisfaction with Treatment Team in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of time that I spend in activities related to patient care	.435	.001	56
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.434	.001	57
I am comfortable with my understanding of the roles of the various members of the primary care team	.414	.001	57
Overall satisfaction with my current position in Military Medicine	.411	.002	57
Satisfaction with my scope of practice	.409	.002	56
Satisfaction with my pay and other benefits	.406	.002	57
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.401	.002	57
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient	.375	.004	57
I am aware of the various data sources available to assist with primary care staff decision making	.370	.005	57
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.361	.006	56
Satisfaction that the patients appreciate the work I do for them	.330	.012	57
APHCO Useful	.321	.015	57
Satisfaction with number of exam and treatment rooms	.303	.022	57
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.285	.033	56

Table 130

Factors Related to Overall Satisfaction with Professional Experience in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of data provided by leadership to aid in decision making	.741	.000	152
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated sco	.688	.000	151
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.678	.000	152
Satisfaction with my ability to provide patient care according to my best judgment	.652	.000	151
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.611	.000	152
Satisfaction with the contribution I make to the lives of the clinic patients	.589	.000	150
Satisfaction with my current relationships with my patients	.580	.000	150
Satisfaction with overall treatment team efficiency	.577	.000	149
Satisfaction with local medical leadership	.574	.000	153
Satisfaction with Army Medical Department (AMEDD) leadership/support	.567	.000	152
Satisfaction that the patients appreciate the work I do for them	.546	.000	150
Satisfaction with the emphasis that local leadership places on primary care	.507	.000	154
Overall satisfaction with my current position in Military Medicine	.500	.000	151

Table 131

Factors Related to Overall Satisfaction with Professional Experience in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.497	.000	149
Satisfaction with the way the treatment team works together to support each other	.491	.000	152
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.478	.000	154
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.477	.000	151
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.476	.000	140
Satisfaction with layout of the clinic to maximize efficiency	.451	.000	152
Satisfaction with RN support	.441	.000	153
Satisfaction with the overall quality of medical care that is provided in the clinic	.440	.000	150
I am comfortable with my understanding of the roles of the various members of the primary care team	.431	.000	151
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.428	.000	150
Satisfaction with number of exam and treatment rooms	.409	.000	151
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.398	.000	146
I am aware of the various data sources available to assist with primary care staff decision making	.392	.000	150
Satisfaction with the continuity of care that patients receive	.389	.000	148

Table 132

Factors Related to Overall Satisfaction with Professional Experience in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with Provider support (Physician, NP, PA)	.384	.000	132
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.381	.000	150
Satisfaction with the amount of time that I spend in activities related to patient care	.372	.000	148
Satisfaction with my opportunities for recognition and awards	.357	.000	152
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.355	.000	150
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.355	.000	151
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.351	.000	148
Satisfaction with my prospects for advancement	.349	.000	151
Satisfaction with medical record availability	.347	.000	153
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.334	.000	154
Satisfaction with the amount of time that I have to take care of my patients	.317	.000	148
Satisfaction with how normal clinic appointments are handled in the clinic	.309	.000	149
Freq APHCO Activities	.291	.012	74
Satisfaction with my level of leisure time and family time	.269	.001	154
Satisfaction with medical clerk support	.266	.001	149
Satisfaction with my pay and other benefits	.170	.036	153

Table 133

Factors Related to Overall Satisfaction with Professional Experience in Providers Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of data provided by leadership to aid in decision making	.677	.000	39
Satisfaction with local medical leadership	.657	.000	39
Satisfaction with my current relationships with my patients	.626	.000	39
Satisfaction with the contribution I make to the lives of the clinic patients	.624	.000	39
Satisfaction with Army Medical Department (AMEDD) leadership/support	.623	.000	39
Satisfaction that the patients appreciate the work I do for them	.611	.000	39
I am aware of the various data sources available to assist with primary care staff decision making	.587	.000	39
Satisfaction with my prospects for advancement	.574	.000	38
Satisfaction with the overall quality of medical care that is provided in the clinic	.572	.000	39
Satisfaction with my opportunities for recognition and awards	.560	.000	39
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.559	.000	39
Satisfaction with the way the treatment team works together to support each other	.545	.000	38
Satisfaction with overall treatment team efficiency	.544	.000	39
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.538	.000	39

Table 134

Factors Related to Overall Satisfaction with Professional Experience in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with medical record availability	.519	.001	39
Overall satisfaction with my current position in Military Medicine	.505	.001	39
Satisfaction with layout of the clinic to maximize efficiency	.488	.002	39
I am comfortable with my understanding of the roles of the various members of the primary care team	.487	.002	39
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.472	.003	38
Satisfaction with RN support	.470	.003	39
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.470	.003	39
Satisfaction with medical clerk support	.464	.004	37
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.450	.005	38
Satisfaction with my ability to provide patient care according to my best judgment	.446	.004	39
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.444	.005	38
Satisfaction with the emphasis that local leadership places on primary care	.437	.005	39
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.422	.007	39

Table 135

Factors Related to Overall Satisfaction with Professional Experience in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.419	**.009**	38
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.399	**.012**	39
Satisfaction with my pay and other benefits	.344	**.032**	39

Table 136

Factors Related to Overall Satisfaction with Professional Experience in Nursing Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of data provided by leadership to aid in decision making	.774	.000	31
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.769	.000	32
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.726	.000	32
Freq APHCO Activities	.713	.002	16
Satisfaction with my ability to provide patient care according to my best judgment	.691	.000	32
Overall satisfaction with my current position in Military Medicine	.684	.000	31
Satisfaction with the emphasis that local leadership places on primary care	.637	.000	32
Satisfaction with local medical leadership	.637	.000	32
Satisfaction with Army Medical Department (AMEDD) leadership/support	.615	.000	31
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.614	.000	31
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.602	.000	30
Satisfaction with overall treatment team efficiency	.587	.001	31
Satisfaction with RN support	.581	.000	32

Table 137

Factors Related to Overall Satisfaction with Professional Experience in Nursing Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.545	.002	31
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.533	.002	32
Satisfaction with the continuity of care that patients receive	.504	.004	31
Satisfaction with the contribution I make to the lives of the clinic patients	.504	.003	32
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.504	.003	32
Satisfaction with my current relationships with my patients	.503	.003	32
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.476	.006	32
Satisfaction with my prospects for advancement	.474	.007	31
Satisfaction with medical record availability	.463	.008	32
Satisfaction with number of exam and treatment rooms	.437	.012	32
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.436	.016	30
Satisfaction with the amount of time that I have to take care of my patients	.403	.025	31
Satisfaction with how normal clinic appointments are handled in the clinic	.385	.032	31

Table 138

Factors Related to Overall Satisfaction with Professional Experience in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.845	.000	59
Satisfaction with the amount of data provided by leadership to aid in decision-making	.803	.000	59
Satisfaction with my ability to provide patient care according to my best judgment	.762	.000	59
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.743	.000	59
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.717	.000	59
I am comfortable with my understanding of the roles of the various members of the primary care team	.693	.000	58
Satisfaction with my current relationships with my patients	.673	.000	59
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.672	.000	58
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.672	.000	57
Satisfaction with the amount of time that I spend in activities related to patient care	.668	.000	59
Satisfaction with the contribution I make to the lives of the clinic patients	.655	.000	59
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.651	.000	60

Table 139

Factors Related to Overall Satisfaction with Professional Experience in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with Provider support (Physician, NP, PA)	.649	.000	59
Satisfaction with the way the treatment team works together to support each other	.643	.000	59
Satisfaction that the patients appreciate the work I do for them	.630	.000	59
Satisfaction with the emphasis that local leadership places on primary care	.599	.000	60
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.588	.000	59
I am aware of the various data sources available to assist with primary care staff decision-making	.581	.000	58
Satisfaction with local medical leadership	.572	.000	60
Overall satisfaction with my current position in Military Medicine	.569	.000	59
Satisfaction with number of exam and treatment rooms	.566	.000	59
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.530	.000	57
Satisfaction with overall treatment team efficiency	.528	.000	59
Satisfaction with Army Medical Department (AMEDD) leadership/support	.523	.000	59
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.511	.000	58
Satisfaction with my level of leisure time and family time	.504	.000	60

Table 140

Factors Related to Overall Satisfaction with Professional Experience in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient	.504	.000	58
Satisfaction with layout of the clinic to maximize efficiency	.503	.000	59
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.498	.000	57
Satisfaction with the overall quality of medical care that is provided in the clinic	.483	.000	60
Satisfaction with the continuity of care that patients receive	.456	.000	58
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.411	.001	59
Satisfaction with RN support	.411	.001	59
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.404	.002	58
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.402	.001	60
Satisfaction with the amount of time that I have to take care of my patients	.395	.002	59
Satisfaction with my prospects for advancement	.335	.010	59
Satisfaction with my opportunities for recognition and awards	.301	.021	59
Satisfaction with how normal clinic appointments are handled in the clinic	.295	.023	59

Table 141

Factors Related to Overall Satisfaction with Professional Experience in Administrative Support Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.646	.001	22
Satisfaction with overall treatment team efficiency	.642	.002	20
Satisfaction with medical record availability	.634	.001	23
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.565	.008	21
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.560	.007	22
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.548	.008	22
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.538	.010	22
Satisfaction with the amount of data provided by leadership to aid in decision-making	.523	.010	23
Satisfaction with layout of the clinic to maximize efficiency	.503	.017	22
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.494	.027	20
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.486	.019	23
Satisfaction that the patients appreciate the work I do for them	.470	.036	20
Satisfaction with my ability to provide patient care according to my best judgment	.468	.033	21

Table 142

Factors Related to Overall Satisfaction with Professional Experience in Administrative Support Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.464	.029	22
Satisfaction with how normal clinic appointments are handled in the clinic	.459	.042	20
Satisfaction with number of exam and treatment rooms	.452	.039	21
Satisfaction with medical clerk support	.445	.033	23
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.432	.040	23
Satisfaction with Army Medical Department (AMEDD) leadership/support	.418	.047	23

Table 143

Factors Related to Overall Satisfaction with Professional Experience in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.858	.000	56
Satisfaction with the amount of data provided by leadership to aid in decision-making	.835	.000	56
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.781	.000	55
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.777	.000	56
Satisfaction with the contribution I make to the lives of the clinic patients	.750	.000	56
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.746	.000	56
Satisfaction with my ability to provide patient care according to my best judgment	.745	.000	55
I am comfortable with my understanding of the roles of the various members of the primary care team	.713	.000	56
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.700	.000	56
Satisfaction with the emphasis that local leadership places on primary care	.699	.000	56
Satisfaction with local medical leadership	.690	.000	56
Satisfaction with my current relationships with my patients	.688	.000	56

Table 144

Factors Related to Overall Satisfaction with Professional Experience in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with overall treatment team efficiency	.677	.000	56
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.669	.000	54
Satisfaction with Provider support (Physician, NP, PA)	.661	.000	46
I am aware of the various data sources available to assist with primary care staff decision making	.649	.000	56
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.644	.000	56
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient	.642	.000	56
Satisfaction with the way the treatment team works together to support each other	.608	.000	56
Satisfaction with number of exam and treatment rooms	.605	.000	56
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.603	.000	56
Satisfaction that the patients appreciate the work I do for them	.590	.000	56
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.575	.000	55
Satisfaction with Army Medical Department (AMEDD) leadership/support	.514	.000	55
Satisfaction with the overall quality of medical care that is provided in the clinic	.505	.000	56
Satisfaction with layout of the clinic to maximize efficiency	.459	.000	56

Table 145

Factors Related to Overall Satisfaction with Professional Experience in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the continuity of care that patients receive	.450	.001	56
Overall satisfaction with my current position in Military Medicine	.429	.001	56
Satisfaction with RN support	.410	.002	56
Satisfaction with the amount of time that I spend in activities related to patient care	.388	.003	56
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.364	.006	56
Freq APHCO Activities	.356	.007	56
Satisfaction with my prospects for advancement	.354	.007	56
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.328	.014	56
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.312	.019	56
Satisfaction with medical record availability	.290	.030	56
Satisfaction with my opportunities for recognition and awards	.284	.034	56
Satisfaction with how normal clinic appointments are handled in the clinic	.277	.039	56

Table 146

Factors Related to Overall Satisfaction with Professional Experience in "Attended APHCO" Negative Correlations

Factors	Correlation Coefficient	p	n
Employment Status (AD, GS, Contractor)	-.280	.037	56

Table 147

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the continuity of care that patients receive	.721	.000	148
Satisfaction with Army Medical Department (AMEDD) leadership/support	.660	.000	151
Satisfaction with the amount of time that I have to take care of my patients	.630	.000	148
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.626	.000	149
Satisfaction with the amount of data provided by leadership to aid in decision making	.623	.000	151
Satisfaction with local medical leadership	.616	.000	152
Satisfaction with RN support	.570	.000	152
Satisfaction with the overall quality of medical care that is provided in the clinic	.560	.000	149
Satisfaction with the emphasis that local leadership places on primary care	.529	.000	152
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.524	.000	149
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.496	.000	152
Satisfaction with the way the treatment team works together to support each other	.482	.000	151
Satisfaction with the training I receive to care for patients efficiently	.473	.000	149

Table 148

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.467	.000	149
Satisfaction with layout of the clinic to maximize efficiency	.447	.000	152
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.438	.000	151
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.433	.000	150
Satisfaction with my current relationships with my patients	.423	.000	149
Satisfaction with Provider support (Physician, NP, PA)	.421	.000	131
Satisfaction with my ability to participate in meaningful teaching activities	.408	.000	148
Satisfaction with the contribution I make to the lives of the clinic patients	.400	.000	149
Satisfaction that I am valued for my role on the clinic staff	.386	.000	151
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.384	.000	152
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.383	.000	151
Overall satisfaction with my current position in Military Medicine	.382	.000	152
Satisfaction with medical record availability	.376	.000	152
Satisfaction with my interaction with other team members in my role on the clinical care team	.364	.000	151

Table 149

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.358	.000	147
Satisfaction with my opportunities for recognition and awards	.350	.000	152
Satisfaction in my ability to contribute to the overall health of the clinic patients	.347	.000	151
Satisfaction with my scope of practice	.337	.000	151
Satisfaction with number of exam and treatment rooms	.325	.000	151
Satisfaction with my prospects for advancement	.310	.000	151
Satisfaction with my ability to provide patient care according to my best judgment	.290	.000	150
Satisfaction with medical clerk support	.274	.001	148
Satisfaction that the patients appreciate the work I do for them	.271	.001	150
Days Attended	.269	.043	57
I am comfortable with my understanding of the roles of the various members of the primary care team	.268	.001	151
I am aware of the various data sources available to assist with primary care staff decision making	.265	.001	150
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.261	.001	148
Which of the following best describes your role in the clinic?	.260	.001	152

Table 150

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient	.246	.002	150
Satisfaction with my pay and other benefits	.246	.002	152
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.230	.005	150
Satisfaction with my level of leisure time and family time	.201	.013	152

Table 151

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "All Staff" Negative Correlations

Factors	Correlation Coefficient	p	n
Prov vs non provider	-.238	**.003**	152

Table 152

Factors Related to Overall Satisfaction with Treatment Team Efficiency in Providers Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of time that I have to take care of my patients	.681	.000	39
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.636	.000	39
Satisfaction with the continuity of care that patients receive	.632	.000	39
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.560	**.000**	39
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.526	**.001**	38
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.474	**.003**	38
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.465	**.003**	39
Overall satisfaction with my current position in Military Medicine	.457	**.003**	39
Satisfaction with my current relationships with my patients	.435	**.006**	39
Satisfaction with Army Medical Department (AMEDD) leadership/support	.432	**.006**	39
Satisfaction with the amount of data provided by leadership to aid in decision-making	.413	**.009**	39
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.412	**.010**	38

Table 153

Factors Related to Overall Satisfaction with Treatment Team Efficiency in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient	.412	.009	39
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.401	.013	38
Satisfaction with local medical leadership	.375	.019	39
I am comfortable with my understanding of the roles of the various members of the primary care team	.367	.022	39
Satisfaction with the training I receive to care for patients efficiently	.365	.024	38
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.362	.024	39
Satisfaction with layout of the clinic to maximize efficiency	.352	.028	39
Satisfaction with my pay and other benefits	.337	.036	39
Satisfaction with my ability to provide patient care according to my best judgment	.328	.042	39
Location	.322	.046	39
I am aware of the various data sources available to assist with primary care staff decision-making	.318	.048	39
Satisfaction with medical record availability	.317	.050	39

Table 154

Factors Related to Overall Satisfaction with Treatment Team Efficiency in Nursing Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of data provided by leadership to aid in decision making	.748	.000	30
Satisfaction with local medical leadership	.746	.000	31
Satisfaction with the continuity of care that patients receive	.702	.000	31
Satisfaction with the emphasis that local leadership places on primary care	.692	.000	31
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.656	.000	31
Satisfaction with my ability to participate in meaningful teaching activities	.653	.000	31
Satisfaction with the training I receive to care for patients efficiently	.615	.000	31
Satisfaction that I am valued for my role on the clinic staff	.603	.000	31
Satisfaction with Army Medical Department (AMEDD) leadership/support	.592	.001	30
Satisfaction with Provider support (Physician, NP, PA)	.587	.001	31
Satisfaction with RN support	.566	.001	31
Satisfaction with my interaction with other team members in my role on the clinical care team	.551	.001	31
Satisfaction with the amount of time that I have to take care of my patients	.551	.001	31
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.546	.001	31

Table 155

Factors Related to Overall Satisfaction with Treatment Team Efficiency in Nursing Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Freq APHCO Activities	.540	.031	16
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.528	.003	30
Satisfaction with my scope of practice	.478	.007	31
Satisfaction with the way the treatment team works together to support each other	.458	.010	31
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.414	.021	31
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.409	.022	31
Satisfaction with the contribution I make to the lives of the clinic patients	.381	.035	31
Overall satisfaction with my current position in Military Medicine	.377	.037	31
Satisfaction with my current relationships with my patients	.371	.040	31
Satisfaction with my ability to provide patient care according to my best judgment	.362	.045	31

Table 156

Factors Related to Overall Satisfaction with Treatment Team Efficiency in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with local medical leadership	.856	.000	59
Satisfaction with Army Medical Department (AMEDD) leadership/support	.844	.000	59
Satisfaction with the emphasis that local leadership places on primary care	.823	.000	59
Satisfaction with the continuity of care that patients receive	.814	.000	58
Satisfaction with the way the treatment team works together to support each other	.771	.000	59
Satisfaction with the overall quality of medical care that is provided in the clinic	.770	.000	59
Satisfaction with RN support	.765	.000	59
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.740	.000	58
Satisfaction with Provider support (Physician, NP, PA)	.725	.000	59
Satisfaction with the amount of time that I have to take care of my patients	.712	.000	59
Satisfaction with layout of the clinic to maximize efficiency	.685	.000	59
Satisfaction with the amount of data provided by leadership to aid in decision making	.661	.000	59
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.609	.000	58
Satisfaction with my interaction with other team members in my role on the clinical care team	.593	.000	59

Table 157

Factors Related to Overall Satisfaction with Treatment Team Efficiency in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.532	.000	59
Satisfaction with my current relationships with my patients	.528	.000	59
Satisfaction with the contribution I make to the lives of the clinic patients	.515	.000	59
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.513	.000	59
Satisfaction in my ability to contribute to the overall health of the clinic patients	.488	.000	59
Satisfaction with medical clerk support	.487	.000	57
Satisfaction with my opportunities for recognition and awards	.483	.000	59
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.478	.000	59
Satisfaction with my pay and other benefits	.461	.000	59
Satisfaction that I am valued for my role on the clinic staff	.451	.000	59
Satisfaction with the training I receive to care for patients efficiently	.446	.000	59
Satisfaction with my scope of practice	.444	.000	59
Overall satisfaction with my current position in Military Medicine	.433	.001	59

Table 158

Factors Related to Overall Satisfaction with Treatment Team Efficiency in CNA's Positive Correlations (cont)

Factors	Correlation Coefficient	p	n
Satisfaction with number of exam and treatment rooms	.433	.001	59
Satisfaction with my prospects for advancement	.431	.001	59
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.412	.001	59
Satisfaction with medical record availability	.408	.001	59
Satisfaction that the patients appreciate the work I do for them	.407	.001	59
Satisfaction with my ability to participate in meaningful teaching activities	.406	.001	59
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.400	.002	58
I am comfortable with my understanding of the roles of the various members of the primary care team	.357	.006	58
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.336	.011	57
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.324	.012	59
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.305	.021	57

Table 159

Factors Related to Overall Satisfaction with Treatment Team Efficiency in CNA's Negative Correlations

Factors	Correlation Coefficient	p	n
Attend APHCO	-.364	**.005**	59
Location	-.368	**.004**	59

Table 160

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "Administrative Support Staff"
Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the amount of data provided by leadership to aid in decision making	.775	.000	23
Satisfaction with my ability to participate in meaningful teaching activities	.744	.000	21
Satisfaction with the overall quality of medical care that is provided in the clinic	.688	.001	21
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.688	.000	22
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.619	.003	21
I am aware of the various data sources available to assist with primary care staff decision making	.581	.004	23
Satisfaction with Army Medical Department (AMEDD) leadership/support	.563	.005	23
Satisfaction with my opportunities for recognition and awards	.541	.008	23
Satisfaction with my scope of practice	.530	.011	22
Satisfaction with the emphasis that local leadership places on primary care	.527	.010	23
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.523	.013	22
Overall satisfaction with my current position in Military Medicine	.513	.012	23

Table 161

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "Administrative Support Staff"
Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.509	.013	23
Satisfaction with the training I receive to care for patients efficiently	.493	.023	21
Satisfaction with local medical leadership	.488	.018	23
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.481	.024	22
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.474	.022	23
Satisfaction with the continuity of care that patients receive	.457	.043	20
Satisfaction with medical record availability	.449	.032	23
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.425	.043	23

Table 162

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with local medical leadership	.764	.000	57
Satisfaction with Army Medical Department (AMEDD) leadership/support	.759	.000	56
Satisfaction with the emphasis that local leadership places on primary care	.743	.000	57
Satisfaction with RN support	.683	.000	57
Satisfaction with the way the treatment team works together to support each other	.683	.000	57
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.627	.000	55
Satisfaction with the continuity of care that patients receive	.610	.000	56
Satisfaction with Provider support (Physician, NP, PA)	.596	.000	47
Satisfaction with the amount of data provided by leadership to aid in decision making	.573	.000	57
Satisfaction with the overall quality of medical care that is provided in the clinic	.556	.000	56
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.523	.000	56
Satisfaction with the training I receive to care for patients efficiently	.518	.000	56
Satisfaction with my interaction with other team members in my role on the clinical care team	.499	.000	56

Table 163

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.499	.000	56
Satisfaction with layout of the clinic to maximize efficiency	.492	.000	57
Satisfaction with the amount of time that I have to take care of my patients	.479	.000	56
Satisfaction that I am valued for my role on the clinic staff	.442	.001	56
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.431	.001	57
Satisfaction with my prospects for advancement	.423	.001	57
Satisfaction with the contribution I make to the lives of the clinic patients	.418	.001	56
Satisfaction with my scope of practice	.413	.002	56
Satisfaction with my ability to participate in meaningful teaching activities	.412	.002	55
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.408	.002	57
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.405	.002	57
Satisfaction in my ability to contribute to the overall health of the clinic patients	.387	.003	56
Satisfaction with my current relationships with my patients	.370	.005	56

Table 164

Factors Related to Overall Satisfaction with Treatment Team Efficiency in "Attended APHCO" Positive Correlations (cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to provide patient care according to my best judgment	.355	.008	55
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.347	.008	57
Satisfaction with my opportunities for recognition and awards	.344	.009	57
Satisfaction with medical clerk support	.338	.010	57
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.322	.015	57
Overall satisfaction with my current position in Military Medicine	.317	.016	57
Satisfaction with my pay and other benefits	.311	.019	57
Satisfaction with number of exam and treatment rooms	.300	.023	57
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.287	.032	56
Satisfaction with medical record availability	.283	.033	57
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.280	.035	57
Days Attended	.269	.043	57

Table 165

Factors Related to Overall Satisfaction with Current Position in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my opportunities for recognition and awards	.500	.000	152
Satisfaction with my prospects for advancement	.490	.000	151
Satisfaction that I am valued for my role on the clinic staff	.469	.000	151
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.453	.000	147
Satisfaction with my ability to participate in meaningful teaching activities	.452	.000	148
Satisfaction with the amount of data provided by leadership to aid in decision making	.446	.000	151
Satisfaction with Army Medical Department (AMEDD) leadership/support	.446	.000	151
Satisfaction with the training I receive to care for patients efficiently	.431	.000	149
Satisfaction with local medical leadership	.429	.000	152
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.407	.000	150
Satisfaction with the amount of time that I have to take care of my patients	.406	.000	148
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.397	.000	149
Satisfaction with the emphasis that local leadership places on primary care	.395	.000	152

Table 166

Factors Related to Overall Satisfaction with Current Position in "All Staff" Positive Correlations (Cont

Factors	Correlation Coefficient	p	n
Satisfaction in my ability to contribute to the overall health of the clinic patients	.393	.000	151
Satisfaction with my ability to provide patient care according to my best judgment	.388	.000	150
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.381	.000	151
Satisfaction with my current relationships with my patients	.378	.000	149
Satisfaction with the contribution I make to the lives of the clinic patients	.376	.000	149
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.375	.000	149
Satisfaction with my scope of practice	.362	.000	151
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.357	.000	149
Satisfaction that the patients appreciate the work I do for them	.356	.000	150
Satisfaction with how normal clinic appointments are handled in the clinic	.354	.000	150
I am aware of the various data sources available to assist with primary care staff decision making	.351	.000	150
I am comfortable with my understanding of the roles of the various members of the primary care team	.351	.000	151
Satisfaction with my pay and other benefits	.350	.000	152

Table 167

Factors Related to Overall Satisfaction with Current Position in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the overall quality of medical care that is provided in the clinic	.345	.000	149
Satisfaction with my interaction with other team members in my role on the clinical care team	.341	.000	151
Satisfaction with the amount of time that I spend in activities related to patient care	.330	.000	148
Satisfaction with overall treatment team efficiency	.329	.000	150
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.319	.000	152
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.315	.000	152
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.314	.000	141
Satisfaction with RN support	.298	.000	152
Satisfaction with layout of the clinic to maximize efficiency	.292	.000	152
Satisfaction with the continuity of care that patients receive	.291	.000	148
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.290	.000	152
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.289	.000	151
Satisfaction with medical record availability	.282	.000	152
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.280	.001	148

Table 168

Factors Related to Overall Satisfaction with Current Position in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.263	.001	150
Satisfaction with my level of leisure time and family time	.241	.003	152
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.238	.003	150
Satisfaction with number of exam and treatment rooms	.237	.003	151
Satisfaction with medical clerk support	.181	.028	148
Satisfaction with the way the treatment team works together to support each other	.172	.035	151

Table 169

Factors Related to Overall Satisfaction with Current Position in Providers Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my prospects for advancement	.688	.000	38
Satisfaction with my opportunities for recognition and awards	.638	.000	39
Satisfaction with overall treatment team efficiency	.596	.000	39
I am aware of the various data sources available to assist with primary care staff decision making	.545	.000	39
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.530	.002	33
Satisfaction with Army Medical Department (AMEDD) leadership/support	.524	.001	39
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.514	.001	39
Satisfaction that I am valued for my role on the clinic staff	.506	.001	39
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.500	.001	38
Satisfaction with local medical leadership	.497	.001	39
Satisfaction with medical record availability	.489	.002	39
Satisfaction with the amount of data provided by leadership to aid in decision making	.484	.002	39
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.481	.002	38
Satisfaction with my pay and other benefits	.468	.003	39

Table 170

Factors Related to Overall Satisfaction with Current Position in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.455	.004	38
Satisfaction with how normal clinic appointments are handled in the clinic	.435	.006	39
Satisfaction with my ability to participate in meaningful teaching activities	.434	.007	37
Satisfaction with my ability to provide patient care according to my best judgment	.427	.007	39
Satisfaction with the training I receive to care for patients efficiently	.425	.008	38
Satisfaction with my current relationships with my patients	.421	.008	39
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.410	.011	38
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.400	.012	39
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.389	.014	39
Satisfaction with the continuity of care that patients receive	.385	.016	39
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.384	.016	39
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.383	.018	38

Table 171

Factors Related to Overall Satisfaction with Current Position in Providers Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the emphasis that local leadership places on primary care	.383	**.016**	39
I am comfortable with my understanding of the roles of the various members of the primary care team	.370	**.020**	39
Satisfaction with the amount of time that I have to take care of my patients	.338	**.036**	39
Satisfaction with RN support	.335	**.037**	39
Satisfaction with the overall quality of medical care that is provided in the clinic	.333	**.039**	39
Satisfaction in my ability to contribute to the overall health of the clinic patients	.329	**.041**	39

Table 172

Factors Related to Overall Satisfaction with Current Position in Nursing Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my current relationships with my patients	.666	.000	31
Satisfaction with the training I receive to care for patients efficiently	.658	.000	31
Satisfaction in my ability to contribute to the overall health of the clinic patients	.628	.000	31
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.601	.000	31
Satisfaction with my ability to participate in meaningful teaching activities	.576	.001	31
Satisfaction with the amount of time that I have to take care of my patients	.571	.001	31
Satisfaction with my prospects for advancement	.550	.001	31
Satisfaction with the amount of data provided by leadership to aid in decision making	.546	.002	30
Satisfaction with the contribution I make to the lives of the clinic patients	.543	.002	31
Satisfaction that I am valued for my role on the clinic staff	.539	.002	31
Satisfaction with Army Medical Department (AMEDD) leadership/support	.537	.002	30
Satisfaction with my interaction with other team members in my role on the clinical care team	.535	.002	31
Satisfaction with my scope of practice	.527	.002	31

Table 173

Factors Related to Overall Satisfaction with Current Position in Nursing Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.510	.003	31
Satisfaction with my opportunities for recognition and awards	.508	.004	31
I am comfortable with my understanding of the roles of the various members of the primary care team	.490	.005	31
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.460	.009	31
Satisfaction with number of exam and treatment rooms	.450	.011	31
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.445	.012	31
Satisfaction with the amount of time that I spend in activities related to patient care	.438	.014	31
Satisfaction that the patients appreciate the work I do for them	.427	.017	31
Satisfaction with local medical leadership	.414	.021	31
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.411	.024	30
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.407	.023	31
Satisfaction with my ability to provide patient care according to my best judgment	.402	.025	31
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.398	.027	31

Table 174

Factors Related to Overall Satisfaction with Current Position in Nursing Staff Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.383	.034	31
Satisfaction with my pay and other benefits	.379	.036	31
Satisfaction with the emphasis that local leadership places on primary care	.369	.041	31
Satisfaction with layout of the clinic to maximize efficiency	.367	.042	31

Table 175

Factors Related to Overall Satisfaction with Current Position in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.614	.000	59
Satisfaction that I am valued for my role on the clinic staff	.587	.000	59
Satisfaction with the emphasis that local leadership places on primary care	.570	.000	59
Satisfaction with my level of leisure time and family time	.547	.000	59
Satisfaction with my scope of practice	.533	.000	59
Satisfaction in my ability to contribute to the overall health of the clinic patients	.505	.000	59
Satisfaction with the amount of time that I spend in activities related to patient care	.505	.000	59
Satisfaction that the patients appreciate the work I do for them	.494	.000	59
Satisfaction with my ability to participate in meaningful teaching activities	.476	.000	59
Satisfaction with the amount of time that I have to take care of my patients	.469	.000	59
Satisfaction with the training I receive to care for patients efficiently	.463	.000	59
Satisfaction with local medical leadership	.463	.000	59
Satisfaction with my interaction with other team members in my role on the clinical care team	.458	.000	59
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	0.457	0.000	59

Table 176

Factors Related to Overall Satisfaction with Current Position in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with Provider support (Physician, NP, PA)	.456	.000	59
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.447	.000	59
Satisfaction with the continuity of care that patients receive	.434	.001	58
Satisfaction with layout of the clinic to maximize efficiency	.423	.001	59
Satisfaction with RN support	.419	.001	59
Satisfaction with my ability to provide patient care according to my best judgment	.418	.001	59
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.415	.001	58
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.414	.001	59
Satisfaction with the contribution I make to the lives of the clinic patients	.410	.001	59
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.405	.002	57
Satisfaction with the amount of data provided by leadership to aid in decision making	.404	.002	59
Satisfaction with how normal clinic appointments are handled in the clinic	.402	.002	59
Satisfaction with my current relationships with my patients	.401	.002	59
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.389	.003	58

Table 177

Factors Related to Overall Satisfaction with Current Position in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my prospects for advancement	.386	.003	59
Satisfaction with overall treatment team efficiency	.375	.003	59
Satisfaction with my opportunities for recognition and awards	.370	.004	59
Satisfaction with Army Medical Department (AMEDD) leadership/support	.364	.005	59
Satisfaction with the overall quality of medical care that is provided in the clinic	.330	.011	59
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.316	.017	57
I am comfortable with my understanding of the roles of the various members of the primary care team	.311	.018	58
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.303	.020	59
Satisfaction with the way the treatment team works together to support each other	.302	.020	59
Satisfaction with my pay and other benefits	.299	.022	59
Satisfaction with medical clerk support	.291	.028	57
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.281	.033	58
I am aware of the various data sources available to assist with primary care staff decision making	.265	.044	58
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.262	.045	59

Table 178

Factors Related to Overall Satisfaction with Current Position in Administrative Support Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.714	.000	23
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.621	.002	23
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception on community	.558	.006	23
Satisfaction with my opportunities for recognition and awards	.518	.011	23
Satisfaction with how normal clinic appointments are handled in the clinic	.487	.025	21
I am aware of the various data sources available to assist with primary care staff decision making	.485	.019	23
Satisfaction with the amount of data provided by leadership to aid in decision making	.429	.041	23
Satisfaction with Army Medical Department (AMEDD) leadership/support	.418	.047	23

Table 179

Factors Related to Overall Satisfaction with Current Position in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction with my prospects for advancement	.551	.000	57
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.550	.000	55
Satisfaction with my opportunities for recognition and awards	.510	.000	57
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.496	.000	56
Satisfaction with the emphasis that local leadership places on primary care	.494	.000	57
Satisfaction with local medical leadership	.492	.000	57
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.490	.000	56
Satisfaction that I am valued for my role on the clinic staff	.481	.000	56
Satisfaction with Army Medical Department (AMEDD) leadership/support	.478	.000	56
I am comfortable with my understanding of the roles of the various members of the primary care team	.478	.000	57
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.465	.000	57
Satisfaction with the amount of data provided by leadership to aid in decision making	.462	.000	57
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.456	.000	57

Table 180

Factors Related to Overall Satisfaction with Current Position in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my interaction with other team members in my role on the clinical care team	.454	.000	56
Satisfaction with the overall quality of medical care that is provided in the clinic	.451	.000	56
Satisfaction with my ability to provide patient care according to my best judgment	.435	.001	55
I am aware of the various data sources available to assist with primary care staff decision making	.434	.001	57
Satisfaction with my pay and other benefits	.428	.001	57
Satisfaction with the amount of time that I have to take care of my patients	.417	.001	56
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.417	.001	57
Satisfaction with my current relationships with my patients	.417	.001	56
Satisfaction with RN support	.417	.001	57
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.409	.002	57
Satisfaction that the patients appreciate the work I do for them	.406	.002	57
Satisfaction with the contribution I make to the lives of the clinic patients	.392	.003	56
Satisfaction with the training I receive to care for patients efficiently	.390	.003	56

Table 181

Factors Related to Overall Satisfaction with Current Position in "Attended APHCO" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Do you plan to separate from the Army (or quit your position) at your next opportunity?	.368	.005	57
Satisfaction with layout of the clinic to maximize efficiency	.366	.005	57
Satisfaction with my ability to participate in meaningful teaching activities	.349	.009	55
Satisfaction with my scope of practice	.343	.010	56
Satisfaction in my ability to contribute to the overall health of the clinic patients	.336	.011	56
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.327	.013	57
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.322	.016	56
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.320	.015	57
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.315	.019	55
Satisfaction with number of exam and treatment rooms	.314	.017	57
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.314	.018	56
Satisfaction with overall treatment team efficiency	.292	.027	57
Satisfaction with how normal clinic appointments are handled in the clinic	.286	.031	57
Satisfaction with medical record availability	.282	.033	57

Table 182

Factors Related to Plan to Separate in "All Staff" Positive Correlations

Factors	Correlation Coefficient	p	n
Overall satisfaction with my current position in Military Medicine	.453	.000	147
Satisfaction with my ability to participate in meaningful teaching activities	.400	.000	143
Satisfaction that I am valued for my role on the clinic staff	.396	.000	146
Satisfaction with my ability to provide patient care according to my best judgment	.369	.000	145
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.367	.000	145
Satisfaction with the training I receive to care for patients efficiently	.360	.000	144
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	.359	.000	145
Satisfaction with the amount of time that I spend in activities related to patient care	.345	.000	143
Satisfaction with Army Medical Department (AMEDD) leadership/support	.342	.000	146
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.342	.000	144
Satisfaction that the patients appreciate the work I do for them	.340	.000	145
Satisfaction with my current relationships with my patients	.331	.000	144
Satisfaction with my prospects for advancement	.325	.000	146

Table 183

Factors Related to Plan to Separate in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with my opportunities for recognition and awards	.322	.000	147
Satisfaction with the contribution I make to the lives of the clinic patients	.320	.000	144
Satisfaction with the amount of time that I have to take care of my patients	.316	.000	143
Satisfaction with the amount of data provided by leadership to aid in decision making	.315	.000	146
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.300	.000	147
Satisfaction with overall treatment team efficiency	.298	.000	145
Satisfaction in my ability to contribute to the overall health of the clinic patients	.295	.000	146
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.293	.000	146
Satisfaction with the efficiency of Sick Call as it is handled in the clinic	.287	.001	137
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.282	.001	147
Satisfaction with the overall quality of medical care that is provided in the clinic	.273	.001	145
Satisfaction with my level of leisure time and family time	.272	.001	147
Satisfaction with local medical leadership	.272	.001	147
Satisfaction with how normal clinic appointments are handled in the clinic	.265	.001	145

Table 184

Factors Related to Plan to Separate in "All Staff" Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with the continuity of care that patients receive	.262	.002	143
I am aware of the various data sources available to assist with primary care staff decision making	.260	.002	146
I am comfortable with my understanding of the roles of the various members of the primary care team	.258	.002	146
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.244	.003	147
Satisfaction with my scope of practice	.241	.003	146
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.235	.004	146
Satisfaction with my interaction with other team members in my role on the clinical care team	.234	.005	146
Satisfaction with the emphasis that local leadership places on primary care	.227	.006	147
Satisfaction with RN support	.220	.007	147
Satisfaction with Provider support (Physician, NP, PA)	.198	.026	126
Satisfaction with medical record availability	.197	.017	147
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.196	.018	145
Satisfaction with access to data reflecting demographics and health status of the enrolled population	.183	.028	144

Table 185

Factors Related to Plan to Separate in "All Staff" Positive Correlations (cont)

Factors	Correlation Coefficient	p	n
Satisfaction with medical clerk support	.180	**.031**	143
Satisfaction with the way the treatment team works together to support each other	.180	**.030**	146
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.171	**.038**	146

Table 186

Factors Related to Plan to Separate in "All Staff"
Negative Correlations

Factors	Correlation Coefficient	p	n
Other than the APHCO training, have you received any formal instruction in Population Health Primary Care Clinical Optimization?	-.181	.029	147
Prov vs non provider	-.191	.020	147

Table 187

Factors Related to Plan to Separate in Providers Positive Correlations

Factors	Correlation Coefficient	p	n
Overall satisfaction with my current position in Military Medicine	.481	.002	38
Satisfaction with my opportunities for recognition and awards	.417	.009	38
Satisfaction with my pay and other benefits	.363	.025	38
Satisfaction with my prospects for advancement	.357	.030	37
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.339	.040	37

Table 188

Factors Related to Plan to Separate in Providers
Negative Correlations

Factors	Correlation Coefficient	p	n
Other than the APHCO training, have you received any formal instruction in Population Health Primary Care Clinical Optimization?	-.505	.001	38

Table 189

Factors Related to Plan to Separate in Nursing Staff
Positive Correlations

Factors	Correlation Coefficient	p	n
Days Attended	.602	**.023**	14
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.428	**.021**	29
Satisfaction with the amount of time that I spend in activities related to patient care	.393	**.035**	29
Satisfaction with my ability to participate in meaningful teaching activities	.376	**.044**	29
Satisfaction with the training I receive to care for patients efficiently	.369	**.049**	29

Table 190

Factors Related to Plan to Separate in CNA's Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction that I am valued for my role on the clinic staff	.583	.000	57
Satisfaction with my level of leisure time and family time	.534	.000	57
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.511	.000	57
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.510	.000	56
Satisfaction that the patients appreciate the work I do for them	.480	.000	57
Satisfaction in my ability to contribute to the overall health of the clinic patients	.464	.000	57
Satisfaction with my ability to provide patient care according to my best judgment	.453	.000	57
Satisfaction with the contribution I make to the lives of the clinic patients	.449	.000	57
I am comfortable with my understanding of the roles of the various members of the primary care team	.441	.001	56
Satisfaction with my interaction with other team members in my role on the clinical care team	.441	.001	57
Satisfaction with my ability to participate in meaningful teaching activities	.438	.001	57
Satisfaction with medical assistant support (Nursing Assistant, Medic)	.427	.001	57
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.421	.001	56

Table 191

Factors Related to Plan to Separate in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with layout of the clinic to maximize efficiency	.420	.001	57
Satisfaction with the training I receive to care for patients efficiently	.420	.001	57
Satisfaction with the amount of time that I have to take care of my patients	.414	.001	57
Satisfaction with my scope of practice	.413	.001	57
Satisfaction with the amount of time that I spend in activities related to patient care	.412	.001	57
Satisfaction with the emphasis that local leadership places on primary care	.412	.001	57
Satisfaction with the way the treatment team works together to support each other	.411	.001	57
Overall satisfaction with my current position in Military Medicine	.405	.002	57
Satisfaction with RN support	.402	.002	57
Satisfaction with my ability to initiate changes in the way work is done in the clinic	.387	.003	57
Satisfaction with local medical leadership	.382	.003	57
Satisfaction with the pace of my work (amount of work to accomplish during the day)	.362	.006	57
I am aware of the various data sources available to assist with primary care staff decision making	.360	.006	56
Satisfaction with Provider support (Physician, NP, PA)	.349	.008	57

Table 192

Factors Related to Plan to Separate in CNA's Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction with overall treatment team efficiency	.348	.008	57
Satisfaction with my current relationships with my patients	.336	.011	57
Satisfaction with number of exam and treatment rooms	.327	.013	57
I am aware of the concepts of Population Health and how it might be used to improve quality of care of care for clinic patients	.322	.017	55
Satisfaction with my prospects for advancement	.317	.016	57
Satisfaction with Army Medical Department (AMEDD) leadership/support	.317	.016	57
Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	.309	.019	57
Satisfaction with the amount of data provided by leadership to aid in decision making	.298	.024	57
Satisfaction with medical clerk support	.298	.027	55
Satisfaction with the overall quality of medical care that is provided in the clinic	.291	.028	57
Satisfaction with the continuity of care that patients receive	.289	.031	56

Table 193

Factors Related to Plan to Separate in CNA's Negative Correlations

Factors	Correlation Coefficient	p	n
Attend APHCO	-.275	.039	57

Table 194

Factors Related to Plan to Separate in Administrative Support Staff Positive Correlations

Factors	Correlation Coefficient	p	n
Days Attended	.850	.008	8
Overall satisfaction with my current position in Military Medicine	.714	.000	23
Satisfaction with my opportunities for recognition and awards	.602	.002	23
I am provided with adequate customer satisfaction data to address patient concerns and improve clinic	.540	.008	23
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.534	.013	21
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.507	.016	22
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical	.503	.014	23
Satisfaction with my ability to participate in meaningful teaching activities	.496	.022	21
Satisfaction with Army Medical Department (AMEDD) leadership/support	.487	.018	23
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.483	.020	23
Satisfaction with the training I receive to care for patients efficiently	.474	.030	21
I am comfortable with my understanding of the roles of the various members of the primary care team	.457	.028	23
Satisfaction with how normal clinic appointments are handled in the clinic	.435	.049	21
Satisfaction with my ability to provide patient care according to my best judgment	.434	.049	21

Table 195

Factors Related to Plan to Separate in "Attended APHCO" Positive Correlations

Factors	Correlation Coefficient	p	n
Satisfaction that I am valued for my role on the clinic staff	.473	.000	56
Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	.416	.001	56
Satisfaction with my ability to provide patient care according to my best judgment	.411	**.002**	55
Satisfaction with my ability to make changes in the clinic schedule (template) to improve efficiency	.399	**.003**	55
Satisfaction with Provider support (Physician, NP, PA)	.382	**.008**	47
Satisfaction with the amount of time that I spend in activities related to patient care	.368	**.005**	56
Overall satisfaction with my current position in Military Medicine	.368	**.005**	57
Satisfaction with my interaction with other team members in my role on the clinical care team	.349	**.008**	56
Satisfaction with the amount of time that I have to take care of my patients	.342	**.010**	56
Satisfaction with the training I receive to care for patients efficiently	.335	**.012**	56
I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	.316	**.017**	57
I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care	.316	**.017**	57
Satisfaction with my current relationships with my patients	.314	**.018**	56

Table 196

Factors Related to Plan to Separate in "Attended APHCO"
Positive Correlations (Cont)

Factors	Correlation Coefficient	p	n
Satisfaction that the patients appreciate the work I do for them	.306	.021	57
Satisfaction with my scope of practice	.302	.024	56
Satisfaction with my ability to participate in meaningful teaching activities	.282	.037	55
Satisfaction with Army Medical Department (AMEDD) leadership/support	.272	.043	56
Satisfaction with the contribution I make to the lives of the clinic patients	.268	.046	56
I am comfortable with my understanding of the roles of the various members of the primary care team	.268	.044	57
Satisfaction in my ability to contribute to the overall health of the clinic patients	.264	.049	56
Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care	.262	.049	57

Table 197

Descriptive Statistics: Status of Respondents for Patient Follow-up Survey

	Frequency	Percent	Valid Percent
Active Duty	132	43.71	43.71
Family Member of Active Duty	150	49.67	49.67
Retired Service Member	7	2.32	2.32
Family Member of Retired service member	13	4.30	4.30
Total	302	100	100

Note. Survey Date = Apr 03

Table 198

Descriptive Statistics: Status of Respondents for Initial Patient Survey

	Frequency	Percent	Valid Percent
Active Duty	138	47.42	47.42
Family Member of Active Duty	137	47.08	47.08
Retired Service Member	6	2.06	2.06
Family Member of Retired service member	10	3.44	3.44
Total	291	100	100

Note. Date of survey = Nov 02

Table 199

Descriptive Statistics: Reason for visit

	Frequency	Percent	Valid Percent
Sick Call	109	37.46	37.46
Sameday Appt	130	44.67	44.67
Routine Scheduled Appt	39	13.40	13.40
"Walk-in"	13	4.47	4.47
Total	291	100	100

Note. Survey Date = Nov 02

Table 200

Descriptive Statistics: Reason for visit

	Frequency	Percent	Valid Percent
Sick Call	116	38.41	38.41
Sameday Appt	135	44.70	44.70
Routine Scheduled Appt	40	13.25	13.25
"Walk-in"	11	3.64	3.64
Total	302	100	100

Note. Survey Date = Apr 03

Table 201

Crosstab: Self-Care Question Summary

"If you could have walked into the pharmacy today and signed out some 'Over the counter' medication (similar to what you could purchase at the PX), would you have still made an appointment or waited to see a medical provider?"

	no	% no	yes	%yes	Total
Active Duty	66	48.5%	70	51.5%	136
Family Member of Active Duty	63	46.0%	74	54.0%	137
Retired Service Member	1	16.7%	5	83.3%	6
Family Member of Retired Service Member	7	77.8%	2	22.2%	9
Total	137	47.6%	151	52.4%	288

Note. Survey Date = Nov 2002

Table 202

Crosstab: Self-Care Question Summary

"If you could have walked into the pharmacy today and signed out some 'Over the counter' medication (similar to what you could purchase at the PX), would you have still made an appointment or waited to see a medical provider?"

	no	% no	yes	%yes	Total
Active Duty	52	39.4%	80	60.6%	132
Family Member of Active Duty	51	34.0%	99	66.0%	150
Retired Service Member	1	16.7%	5	83.3%	6
Family Member of Retired service member	3	23.1%	10	76.9%	13
Total	107	35.4%	194	64.2%	302

Note. Survey Date = April 2003

Table 203

Question 4: Familiar with PCM Term?

	no	yes	Total	% no	% yes
Active Duty	57	79	136	41.9%	58.1%
Family Member of Active Duty	17	120	137	12.4%	87.6%
Retired Service Member	0	6	6	0.0%	100.0%
Family Member of Retired service member	1	9	10	10.0%	90.0%
Total	75	214	289	26.0%	74.0%

Note. Survey Date = Nov 2002

Table 204

Question 5: Know PCM at Moore Clinic?

	no	yes	Total	% no	% yes
Active Duty	101	35	136	74.3%	25.7%
Family Member of Active Duty	37	100	137	27.0%	73.0%
Retired Service Member	1	5	6	16.7%	83.3%
Family Member of Retired service member	3	7	10	30.0%	70.0%
Total	142	147	289	49.1%	50.9%

Note. Survey Date = Nov 2002

Table 205

Question 6: Saw PCM today for Appointment?

	no	yes	Total	% no	% yes
Active Duty	126	10	136	92.6%	7.4%
Family Member of Active Duty	95	42	137	69.3%	30.7%
Retired Service Member	2	4	6	33.3%	66.7%
Family Member of Retired service member	6	4	10	60.0%	40.0%
Total	229	60	289	79.2%	20.8%

Note. Survey Date = Nov 2002

Table 206

Question 4: Familiar with PCM Term?

	no	yes	Total	% no	% yes
Active Duty	57	75	132	43.2%	56.8%
Family Member of Active Duty	22	128	150	14.7%	85.3%
Retired Service Member	1	6	7	14.3%	85.7%
Family Member of Retired service member	1	12	13	7.7%	92.3%
Total	81	221	302	26.8%	73.2%

Note. Survey Date = April 2003

Table 207

Question 5: Know PCM at Moore Clinic?

	no	yes	Total	% no	% yes
Active Duty	91	41	132	68.9%	31.1%
Family Member of Active Duty	46	104	150	30.7%	69.3%
Retired Service Member	4	3	7	57.1%	42.9%
Family Member of Retired service member	4	9	13	30.8%	69.2%
Total	145	157	302	48.0%	52.0%

Note. Survey Date = April 2003

Table 208

Question 6: Saw PCM today for Appointment?

	no	yes	Total	% no	% yes
Active Duty	119	13	132	90.2%	9.8%
Family Member of Active Duty	110	40	150	73.3%	26.7%
Retired Service Member	4	3	7	57.1%	42.9%
Family Member of Retired service member	7	6	13	53.8%	46.2%
Total	240	62	302	79.5%	20.5%

Note. Survey Date = April 2003

Table 209

Descriptive Statistics "All Patients" Initial Survey One

Survey Question	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error	Std. Deviation Statistic
Thoroughness of treatment (Q7A)	291	1	5	3.76	0.073	1.238
How much helped by tx (Q7B)	291	1	5	3.74	0.067	1.149
How well tx met needs(Q7C)	291	1	5	3.75	0.072	1.221
Overall Qual of care and serv(Q7D)	291	1	5	3.80	0.069	1.170
Recommend Provider?(Q8)	291	1	4	3.32	0.045	0.772
# of days wait for appt (Q9)	291	1	8	2.24	0.086	1.471
# of minutes spent waiting(Q10)	291	1	5	3.15	0.078	1.337
Access to medical care(Q11A)	291	1	5	3.38	0.071	1.204
Process for obtaining spec care(Q11B)	291	1	5	3.23	0.070	1.193
time taken to return call (Q12)	291	1	5	3.16	0.062	1.066
Overall Satisfaction (Q13)	291	1	7	5.40	0.097	1.661
Valid N (listwise)	291					

Note.

Table 210

Descriptive Statistics Active Duty Initial Survey One

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Thoroughness of treatment (Q7A)	138	1	5	3.30	0.115	1.348
How much helped by tx (Q7B)	138	1	5	3.30	0.104	1.224
How well tx met needs(Q7C)	138	1	5	3.29	0.111	1.308
Overall Qual of care and serv(Q7D)	138	1	5	3.41	0.105	1.236
Recommend Provider?(Q8)	138	1	4	3.06	0.072	0.844
# of days wait for appt (Q9)	138	1	8	1.75	0.115	1.346
# of minutes spent waiting(Q10)	138	1	5	2.65	0.113	1.322
Access to medical care(Q11A)	138	1	5	2.96	0.108	1.266
Process for obtaining spec care(Q11B)	138	1	5	2.92	0.104	1.227
time taken to return call (Q12)	138	1	5	2.88	0.092	1.081
Overall Satisfaction (Q13)	138	1	7	4.75	0.161	1.890
Valid N (listwise)	138					

Note.

Table 211

Descriptive Statistics Family Members Initial Survey One

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Thoroughness of treatment (Q7A)	137	1	5	4.21	0.080	0.935
How much helped by tx (Q7B)	137	1	5	4.15	0.079	0.920
How well tx met needs(Q7C)	137	1	5	4.20	0.081	0.954
Overall Qual of care and serv(Q7D)	137	1	5	4.18	0.084	0.984
Recommend Provider?(Q8)	137	1	4	3.56	0.051	0.592
# of days wait for appt (Q9)	137	1	7	2.69	0.122	1.422
# of minutes spent waiting(Q10)	137	1	5	3.58	0.101	1.180
Access to medical care(Q11A)	137	1	5	3.75	0.087	1.013
Process for obtaining spec care(Q11B)	137	1	5	3.46	0.094	1.098
time taken to return call (Q12)	137	1	5	3.42	0.084	0.983
Overall Satisfaction (Q13)	137	1	7	5.96	0.100	1.172
Valid N (listwise)	137					

Note. Status = Family Member of Active Duty

Table 212

Descriptive Statistics "All Patients" Follow-up Survey

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error	Std. Deviation Statistic
Thoroughness of treatment (Q7A)	302	1	5	4.05	0.057	0.994
How much helped by tx (Q7B)	302	1	5	4.02	0.057	0.986
How well tx met needs(Q7C)	302	1	5	4.03	0.058	1.001
Overall Qual of care and serv(Q7D)	302	1	5	4.03	0.059	1.021
Recommend Provider?(Q8)	302	1	4	3.34	0.044	0.760
# of days wait for appt (Q9)	302	1	8	2.28	0.078	1.360
# of minutes spent waiting(Q10)	302	1	5	3.51	0.070	1.225
Access to medical care(Q11A)	302	1	5	3.75	0.056	0.981
Process for obtaining spec care(Q11B)	302	1	5	3.59	0.063	1.093
Time taken to return call (Q12)	302	1	5	3.44	0.065	1.133
Overall Satisfaction (Q13)	302	1	7	5.75	0.074	1.287
Valid N (listwise)	302					

Note.

Table 213

Descriptive Statistics Active Duty Follow-up Survey

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error	Std. Deviation Statistic
Thoroughness of treatment (Q7A)	132	1	5	3.88	0.094	1.077
How much helped by tx (Q7B)	132	1	5	3.81	0.094	1.078
How well tx met needs(Q7C)	132	1	5	3.79	0.096	1.098
Overall Qual of care and serv(Q7D)	132	1	5	3.74	0.097	1.116
Recommend Provider?(Q8)	132	1	4	3.16	0.071	0.818
# of days wait for appt (Q9)	132	1	8	1.89	0.107	1.231
# of minutes spent waiting(Q10)	132	1	5	3.14	0.104	1.190
Access to medical care(Q11A)	132	1	5	3.56	0.087	0.998
Process for obtaining spec care(Q11B)	132	1	5	3.51	0.094	1.081
Time taken to return call (Q12)	132	1	5	3.44	0.099	1.134
Overall Satisfaction (Q13)	132	1	7	5.34	0.120	1.381
Valid N (listwise)	132					

Note.

Table 214

Descriptive Statistics Family Members Follow-up Survey

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error	Std. Deviation Statistic
Thoroughness of treatment (Q7A)	150	2	5	4.20	0.071	0.867
How much helped by tx (Q7B)	150	2	5	4.17	0.073	0.896
How well tx met needs(Q7C)	150	2	5	4.21	0.073	0.892
Overall Qual of care and serv(Q7D)	150	2	5	4.25	0.073	0.889
Recommend Provider?(Q8)	150	1	4	3.45	0.056	0.691
# of days wait for appt (Q9)	150	1	8	2.59	0.112	1.376
# of minutes spent waiting(Q10)	150	1	5	3.76	0.097	1.185
Access to medical care(Q11A)	150	1	5	3.87	0.078	0.960
Process for obtaining spec care(Q11B)	150	1	5	3.63	0.089	1.084
Time taken to return call (Q12)	150	1	5	3.43	0.089	1.095
Overall Satisfaction (Q13)	150	1	7	6.03	0.094	1.149
Valid N (listwise)	150					

Note.

Table 215

Mann-Whitney U test of All patients from Initial and Follow-up Patient Satisfaction Surveys

	Mann-Whitney U	Asymp. Sig. (2-tailed)
PCM term (Q4)	43259.5	.811
PCM id pcm (Q5)	34102.5	.314
PCM seen today (Q6)	30707	.219

Table 216

Mann-Whitney U test of Active Duty from Initial and Follow-up Patient Satisfaction Surveys

	Mann-Whitney U	Asymp. Sig. (2-tailed)
PCM term (Q4)	8862	.834
PCM id pcm (Q5)	5755	.101
PCM seen today (Q6)	5270	.048

Table 217

Mann-Whitney U Test of Family Members from Initial and Follow-up Patient Satisfaction Surveys

	Mann-Whitney U	Asymp. Sig. (2-tailed)
PCM term (Q4)	10043	.578
PCM id pcm (Q5)	9013	.557
PCM seen today (Q6)	8193	.694

Table 218

Mann-Whitney U test of All patients from Initial and Follow-up Patient Satisfaction Surveys

Survey Question	Mann-Whitney U	Asymp. Sig. (2-tailed)
Thoroughness of treatment (Q7A)	39037.0	.013
How much helped by tx (Q7B)	38178.5	.004
How well tx met needs(Q7C)	39028.0	.014
Overall Qual of care and serv(Q7D)	39429.5	.023
Recommend Provider?(Q8)	43282.0	.728
# of days wait for appt (Q9)	41571.0	.213
# of minutes spent waiting(Q10)	37641.0	.002
Access to medical care(Q11A)	36590.0	.000
Process for obtaining spec care(Q11B)	36683.5	.000
Time taken to return call (Q12)	37491.5	.001
Overall Satisfaction (Q13)	39940.5	.046

Table 219

Mann-Whitney U test of Active Duty from Initial and Follow-up Patient Satisfaction Surveys

Survey Question	Mann-Whitney U	Asymp. Sig. (2-tailed)
Thoroughness of treatment (Q7A)	6950.5	.001
How much helped by tx (Q7B)	7019.0	.001
How well tx met needs(Q7C)	7181.0	.002
Overall Qual of care and serv(Q7D)	7746.5	.029
Recommend Provider?(Q8)	8493.5	.303
# of days wait for appt (Q9)	7944.5	.043
# of minutes spent waiting(Q10)	7245.5	.003
Access to medical care(Q11A)	6669.0	.000
Process for obtaining spec care(Q11B)	6683.0	.000
Time taken to return call (Q12)	6524.5	.000
Overall Satisfaction (Q13)	7777.0	.034

Table 220

Mann-Whitney U Test of Family Members from Initial and Follow-up Patient Satisfaction Surveys

Survey Question	Mann-Whitney U	Asymp. Sig. (2-tailed)
Thoroughness of treatment (Q7A)	10034.0	.711
How much helped by tx (Q7B)	10140.5	.837

How well tx met needs(Q7C)	10191.5	.898
Overall Qual of care and serv(Q7D)	10000.0	.671
Recommend Provider?(Q8)	9512.0	.214
# of days wait for appt (Q9)	9660.0	.261
# of minutes spent waiting(Q10)	9402.0	.198
Access to medical care(Q11A)	9634.5	.338
Process for obtaining spec care(Q11B)	9390.0	.191
Time taken to return call (Q12)	10218.0	.933
Overall Satisfaction (Q13)	9874.0	.542

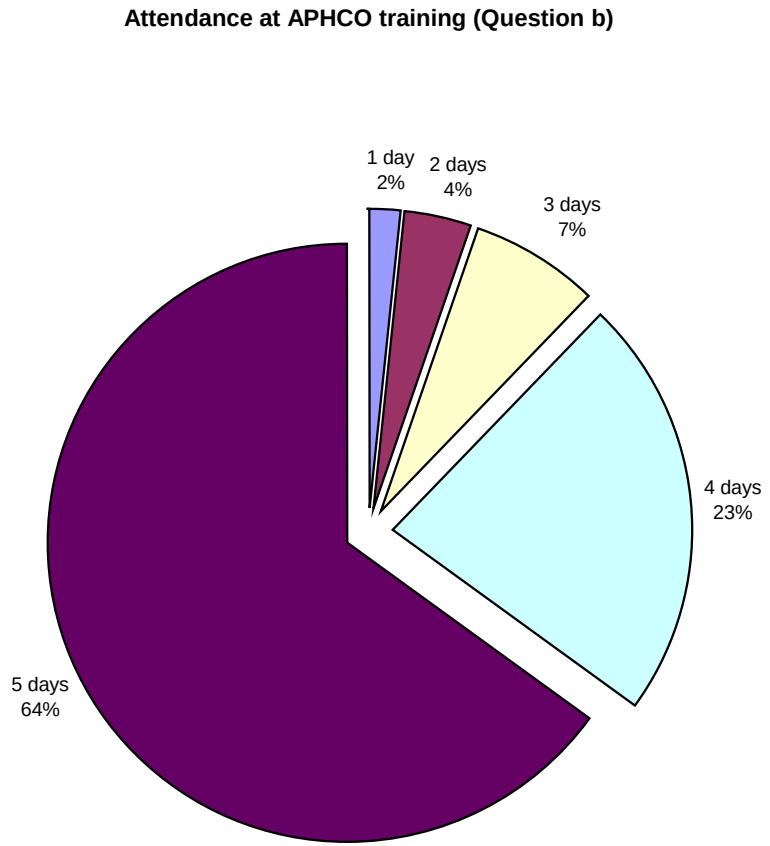
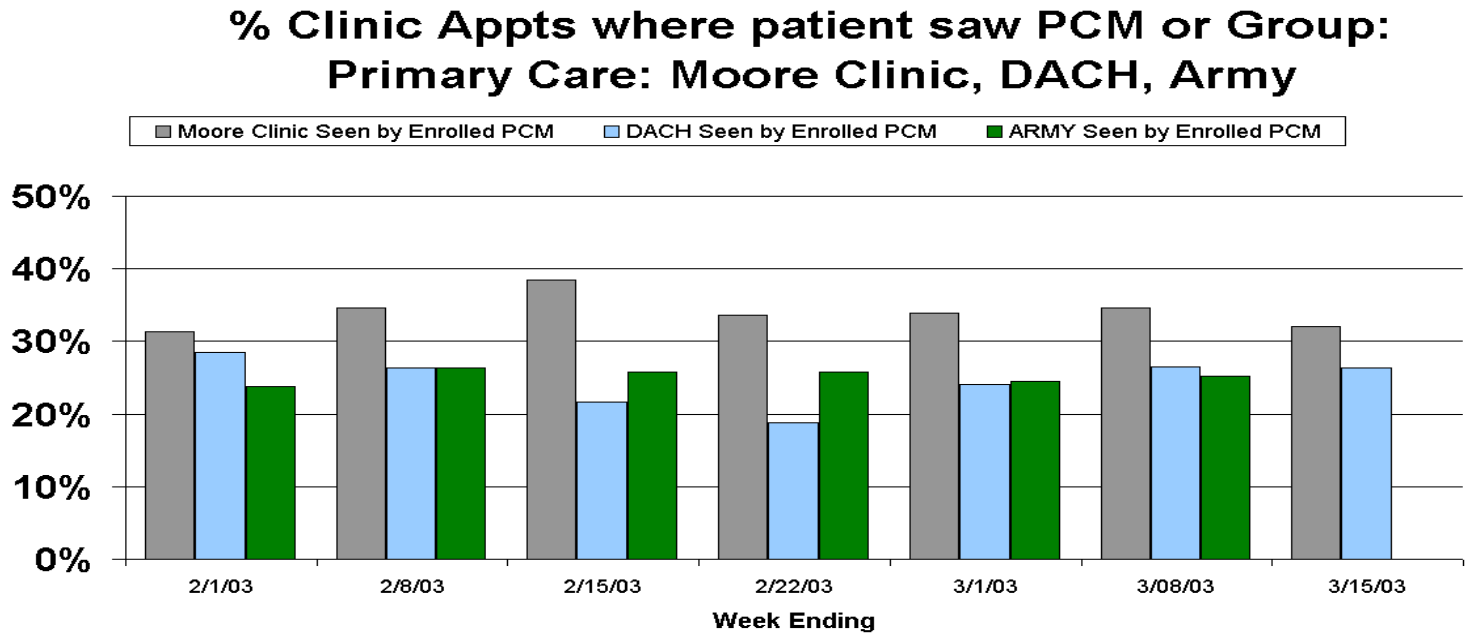


Figure 1. Follow-up survey respondent's reported attendance at November 2002 APHCO training

OPTIMIZATION 'SNAPSHOT' - BIG 10

#8 PCM By Name

AMEDD POPULATION HEALTH PRIMARY CARE CLINICAL OPTIMIZATION OUTCOME



Metric: PCM BN Data Source and Date Gathered: TRICARE Operations Center **http://www.tricare.osd.mil/tools/Encounter/toc/Encounter_P**

	Moore Clinic Seen by Enrolled PCM	DACH Seen by Enrolled PCM	ARMY Seen by Enrolled PCM
2/1/03	31.39%	28.52%	23.84%
2/8/03	34.57%	26.30%	26.36%
2/15/03	38.48%	21.64%	25.77%
2/22/03	33.62%	18.76%	25.72%
3/1/03	33.96%	24.13%	24.53%
3/08/03	34.60%	26.44%	25.27%
3/15/03	32.09%	26.41%	

Figure 2. AMEDD Population Health Clinical Optimization Team Summary of PCMBN metric comparing Army, Darnall Army Community Hospital, and Moore Clinic

Appendix A

AMEDD Population Health Clinical Optimization (APHCO) Metric Snapshot

OPTIMIZATION 'SNAPSHOT'
Top 10 Roll-Up

Metric	Balanced Scorecard Strategic Objective	Description of Report	Proponent	Frequency	Target User(s) (Assume TSG/DSG/RMC Cmdr/MTF Cmdr use all)	Tri-Service Use	Data Location	Organizational Norm	Red	Amber	Green
al 1: Project and sustain a Healthy and Medically Protected Force											
LEAK	F1 - Lower Army's Medically Related Costs	Basic business metric (related to BPA)	MEDCOM RM	Monthly	MEDCOM RM	Applicable	CHCS (Referrals)	Varies on cost of network	> 30% Baseline	> 20% Baseline	Within 10% Baseline
al 3: Manage and promote the Health of the Soldier Family and the Military Family											
ABLE ONS	C-7 Healthy Patients and Families are #1	# Preventable inpt admissions per 1,000 TP enrollees (AD vs Enrollees less AD)	MEDCOM QM	Qtrly	MEDCOM RM	Applicable	DHP, PASBA, PHOTO	Army Targets AD = 2.2 Enrollees less AD = 6.5	> 10% of baseline	within 5% of baseline	10% decrease/ year
R 1000 ES	C-7 Healthy Patients and Families are #1	# Preventable minor urgent care visits to ER	MEDCOM QM	Qtrly	MEDCOM RM	Applicable	DHP, PASBA, PHOTO	National Ave = 50.6	> 10% of baseline	within 5% of baseline	10% decrease/yea r
3RD APPT.	IP-10 Streamline Access to Care	(Open) Access to Care standard per Provider Team	TRICARE RM	Monthly	MEDCOM QM, TRICARE, Clinic Cs, Provider Teams	Varies	CHCS ad hoc check	3 available within 72 hours	< by 10% of baseline	< by 15% of baseline	< by 10% of baseline
OLLMENT TY	F3 - Maximize Total (MCSC+Direct) System Efficiency	Enrollment capacity by PCM available FTE	CSD	Annually (FY)	MEDCOM MANPOWER/CSD	Varies	APHCO Website (ECM)	1465 (out) 1365 (in)?	> 1665 or <1065	1065-1265 or 1465-1665	1265-1465
RATIO	F3 - Maximize Total (MCSC+Direct) System Efficiency	Shows current staff ratio by PCM available FTE	CSD	Annually (FY)	MEDCOM MANPOWER/CSD	Varies	CSD Website (ECM)	2.8	<2.0	2.0-2.7	> 2.8
EAR	C-7 Healthy Patients and Families are #1	Population Health/Community Health parameter	MEDCOM QM	Qtrly	Provider team	Applicable	CHCS	1 charted q 12 months	>69% of diagnosed	>79% of diagnosed	>89% of diagnosed
TINUITY	C-10 Eliminate Hassle Factor	Measure of continuity and PCM availability	TRICARE RM	Qtrly	MEDCOM QM/TRICARE	Applicable	NED	Over 90%	< 69% enrolled	79% enrolled	>89% enrolled
FACTION	C-8 Quality, Compassionate Care	Local satisfaction survey (aggregated for AMEDD)	Quality Mgmt	Qtrly	MEDCOM QM/TRICARE, Clinic Chiefs	Varies	New Measure Pending (QM Website)	National Civ HMO average= 5.27	< 4	4-5.26	>5.27
ting Theme: Enable Mission Readiness											
ACTION	L-1 Recruit and Retain a Quality AMEDD Force	Local satisfaction survey (aggregated for AMEDD)	Quality Mgmt	Qtrly	MEDCOM QM/TRICARE, Clinic Chiefs	Varies	New Measure Pending (QM Website)	>4.0	<4	4-5	6-7

The Top 5 are currently being used as the proptoype "Optimization Snapshot"

Appendix B

Staff Satisfaction Survey

Baylor Clinical Staff Satisfaction Assessment Tool

1. Thank you for participating in this survey.

2. The results of this survey will be used to study clinical operations and to provide information to the Leaders of your clinic.

3. Once you have completed the survey please place it in the accompanying envelope and seal the envelope.

4. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

5. These surveys will be analyzed and compiled by members of the Army-Baylor Graduate program in Healthcare Administration.

6. Only the compiled results will be shown to the Clinic Leadership.

7. The respondants confidentiality will be strictly maintained.

Thank you for participating in the survey.

Answer all items carefully and honestly. The confidentiality of your responses will be maintained..

APCHO Training (Circle your response)

a. I attended the AMEDD Population Health Primary Care Optimization (APHCO) Training presented at Ft Hood in Nov 2002.

Yes **No**

If yes, answer questions b and c.

b. Please select the choice which best describes the amount of the 5 day APHCO training you were able to attend

1 day **2 days** **3 days** **4days** **All 5 days**

c. I found the APHCO Training useful in my efforts to improve the delivery of patient care in my clinic

Strongly Dissagree			**Agree**		**Strongly Agree**	
1	**2**	**3**	**4**	**5**	**6**	**7**

d. Which of the following best describes the amount of time that you (either individually or with your team/clinic leadership) have been working on optimization initiatives/activities following the APHCO training:

No time at all **Weekly** **Every other week** **Monthly** **Every Other Month**

Demographics

1. Which of the following best describes your role in the clinic?

RN	**LPN**	**91W**	**CNA**	**Medical Clerk**	**Other_____**
O	O	O	O	O	O

2. Are you:

Active Duty	**Civilian GS**	**Contractor**	**Resource Sharer**
O	O	O	O

3. Other than the APHCO training, have you received any formal instruction in Population Health Primary Care Clinical Optimization?

YES	**NO**
O	O

Please circle appropriate level of satisfaction for each question:

Satisfaction with Workload	**Very Dissatisfied**			**Neutral**			**Very Satisfied**
4. Satisfaction with my level of leisure time and family time	1	2	3	4	5	6	7
5. Satisfaction with the pace of my work (amount of work to accomplish during the day)	1	2	3	4	5	6	7

Satisfaction with the Treatment Team	**Very Dissatisfied**			**Neutral**			**Very Satisfied**
6. Satisfaction with medical assistant support (Nursing Assistant, Medic)	1	2	3	4	5	6	7
7. Satisfaction with RN support	1	2	3	4	5	6	7
8. Satisfaction with medical clerk support	1	2	3	4	5	6	7
9. Satisfaction with medical record availability	1	2	3	4	5	6	7
10. Satisfaction with Provider support (Physician, NP, PA)	1	2	3	4	5	6	7
11 Satisfaction with the way the treatment team works together to support each other	1	2	3	4	5	6	7

Satisfaction with Facility	**Very Dissatisfied**			**Neutral**			**Very Satisfied**
12 Satisfaction with number of exam and treatment rooms	1	2	3	4	5	6	7
13. Satisfaction with layout of the clinic to maximize efficiency	1	2	3	4	5	6	7
14. Satisfaction with number of exam rooms assigned to each provider and its effects on efficiency of the clinic	1	2	3	4	5	6	7

Satisfaction with Practice Autonomy	Very Dissatisfied			Neutral			Very Satisfied
15. Satisfaction with my ability to provide patient care according to my best judgement	1	2	3	4	5	6	7
16. Satisfaction with my ability to initiate changes in the way work is done in the clinic	1	2	3	4	5	6	7
17. Satisfaction with my ability to make changes in the clinic schedule(template) to improve efficiency	1	2	3	4	5	6	7
18. Satisfaction that my role on the primary care team utilizes my clinical abilities within my stated scope of practice	1	2	3	4	5	6	7

Satisfaction with my Organization	Very Dissatisfied			Neutral			Very Satisfied
19. Satisfaction with the emphasis that local leadership places on primary care	1	2	3	4	5	6	7
20. Satisfaction with local medical leadership	1	2	3	4	5	6	7
21. Satisfaction with Army Medical Department (AMEDD) leadership/support	1	2	3	4	5	6	7
22. Satisfaction with the amount of data provided by leadership to aid in decision making	1	2	3	4	5	6	7

Satisfaction with my Professional Experience	Very Dissatisfied			Neutral			Very Satisfied
23. Satisfaction with my interaction with other team members in my role on the clinical care team	1	2	3	4	5	6	7
24. Satisfaction with the training I receive to care for patients efficiently	1	2	3	4	5	6	7
25. Satisfaction with my scope of practice	1	2	3	4	5	6	7
26. Satisfaction with my ability to participate in meaningful teaching activities	1	2	3	4	5	6	7
27. Satisfaction in my ability to contribute to the overall health of the clinic patients	1	2	3	4	5	6	7
28. Satisfaction that I am valued for my role on the clinic staff	1	2	3	4	5	6	7

Satisfaction with my Patient Relationships	Very Dissatisfied			Neutral			Very Satisfied
29. Satisfaction that the patients appreciate the work I do for them	1	2	3	4	5	6	7
30. Satisfaction with the contribution I make to the lives of the clinic patients	1	2	3	4	5	6	7
31. Satisfaction with my current relationships with my patients	1	2	3	4	5	6	7

Satisfaction with Treatment Team Efficiency							
	Very Dissatisfied			Neutral			Very Satisfied
32. Satisfaction that the clinic patients do not spend wasted time while accessing or receiving medical care in the clinic	1	2	3	4	5	6	7
33. Satisfaction with the amount of time that I spend in activities related to patient care	1	2	3	4	5	6	7
34. Satisfaction with overall treatment team efficiency	1	2	3	4	5	6	7
35. Satisfaction with the efficiency of Sick Call as it is handled in the clinic	1	2	3	4	5	6	7
36. Satisfaction with how normal clinic appointments are handled in the clinic	1	2	3	4	5	6	7

Satisfaction with the Quality of Medical Care							
	Very Dissatisfied			Neutral			Very Satisfied
37. Satisfaction with access to data reflecting demographics and health status of the enrolled population	1	2	3	4	5	6	7
38. Satisfaction with the amount of time that I have to take care of my patients	1	2	3	4	5	6	7
39. Satisfaction with the continuity of care that patients receive	1	2	3	4	5	6	7
40. Satisfaction with the overall quality of medical care that is provided in the clinic	1	2	3	4	5	6	7

Satisfaction with my Pay and Opportunities for Advancement							
	Very Dissatisfied			Neutral			Very Satisfied
41. Satisfaction with my pay and other benefits	1	2	3	4	5	6	7
42. Satisfaction with my prospects for advancement	1	2	3	4	5	6	7
43. Satisfaction with my opportunities for recognition and awards	1	2	3	4	5	6	7

Overall Satisfaction							
	Very Dissatisfied			Neutral			Very Satisfied
44. Overall satisfaction with my current position in Military Medicine	1	2	3	4	5	6	7
45. Do you plan to separate from the Army quit your position) at your next opportunity?	Definitely Separate			Neutral		Definitely Not	
	1	2	3	4	5	6	7

Knowledge of Population Health and Primary Care Optimization							
	Strongly Dissagree			Agree			Strongly Agree
46. I am aware of the concepts of Population Health and how it might be used to improve quality of care for the patients in the clinic	1	2	3	4	5	6	7
47. I am familiar with concept of Enrollment Capacity and its effects on providing care in the clinic	1	2	3	4	5	6	7
48. I am comfortable with my understanding of the roles of the various members of the primary care team	1	2	3	4	5	6	7
49. I am aware of the opportunities to secure funding from the MEDCOM to improve the delivery of patient care in the Moore Clinic	1	2	3	4	5	6	7
50. I am aware of the various data sources available to assist with primary care staff decision making	1	2	3	4	5	6	7
51. I am provided with adequate customer satisfaction data to address patient concerns and improve clinic perception in community	1	2	3	4	5	6	7

Please complete questions on next page!

What would make this Clinic better for patients?

What would make this Clinic better for Staff?

Comments specific to APHCO Training:

Comments:

Appendix C

Patient Satisfaction Survey

Thank you for completing this survey. The information you provide will assist the Moore Clinic Leadership in improving the delivery of healthcare to the Fort Hood Military Community.

1. Which of the following best describes you:
   - O Active Duty Service Member
   - O Family Member of active duty service member
   - O Retired Service member
   - O Family member of retired service member

2. Which of the following best describes the reason for your visit:
   - O Sick Call (Active Duty only)
   - O Same Day Appointment (Family Members, Retirees)
   - O Routine Scheduled Appointment
   - O "Walk-in"

3. If you could have walked into the pharmacy today and signed out some "Over the counter" medication (similar to what you could purchase at the PX), would you have still made an appointment or waited to see a medical provider?

   Yes No

4. Are you familiar with the term ***Primary Care Manager***?

   Yes No

5. If you answered yes on the previous question, are you aware of whom your Primary Care Manager is at the Moore Clinic?

   Yes No

6. If you know who your Primary Care Manager is, did you see him/her for your appointment today?

   Yes No

7. Thinking about your visit today at the Moore Clinic, how would you rate your Provider (physician, nurse practitioner or physician assistant) and the staff of the Moore Clinic on:

	Poor	**Fair**	**Good**	**Very Good**	**Excellent**
a. Thoroughness of treatment you received	**O**	**O**	**O**	**O**	**O**
b. How much you were helped by the care you received	**O**	**O**	**O**	**O**	**O**
c. How well the care met your needs	**O**	**O**	**O**	**O**	**O**
d. Overall quality of the care and service you received	**O**	**O**	**O**	**O**	**O**

8. Would you recommend the Provider (physician, nurse practioner, physician assistant) to your family or friends?

Definitely Not	**Probably Not**	**Probably Yes**	**Definitely Yes**
O O	**O O**		

9. How would you rate the number of days between the day your appointment was made and the day you saw your provider today?
   - **O** I did not have an appointment; I "walked-in" to the clinic.
   - **O** Same Day
   - **O** 1 day
   - **O** 2-3 days
   - **O** 4-7 days
   - **O** 8-14 days
   - **O** 15-30 days
   - **O** More than 30 days

	Poor	**Fair**	**Good**	**Very Good**	**Excellent**
10. How would you rate the number of minutes you spent waiting to see a medical provider today?	**O**	**O**	**O**	**O**	**O**

11. How would you rate the Moore Clinic on:

	Poor	Fair	Good	Very Good	Excellent
a. Access to medical care whenever you need it?	O	O	O	O	O
b. The process of obtaining a referral for specialty care?	O	O	O	O	O

12. Thinking about times when you have called the Moore Clinic for medical information or advice, how would you rate the length of time it took clinic personnel to return your call?	Poor	Fair	Good	Very Good	Excellent
	O	O	O	O	O



13. All things considered, how satisfied were you with the Moore Clinic during this visit?	Completely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Niether Dissatisfied nor Satisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
	O	O	O	O	O	O	O

14. In light of the recent deployments, do you plan on remaining in the Fort Hood area and continuing to utilize the medical services at the Moore Clinic and at Darnall Army Community Hospital?

Yes No Not Sure

If you have any specific comments you'd like the Clinic Staff to be aware of, please take a moment to write them on the back of this paper.....Thank you for your time.

Appendix D

TRIWEST Explanation of Primary Care Manager By Name Initiative

What's in a Name? Your Primary Care Manager is Someone You Can Call On—By Name

In order to add a more personal touch to your TRICARE health care services, the Department of Defense has instituted a concept called "PCM by Name" (PCMBN). This means that you will be assigned a specific primary care manager (PCM) for most of your health care needs.

The intent is to make the "going-to-the-doctor" experience resemble what you would encounter in civilian life, where you know the name of your family doctor. Implementation of PCMBN, however, is likely to vary among the many military installations within the TRICARE Central Region because of the differences among individual military services, bases and posts and the sizes and capabilities of their military treatment facilities (MTF). Each service has its particular way of doing things to best serve its members. All the MTFs' specific PCMBN policies are too varied to address in a short article, but it is possible to provide some general information to help you understand the program.

Although your MTF may refer to your PCM by name, any letters you receive from TriWest Healthcare Alliance will make reference to a medical team. That is because your PCM is part of a team that includes other health care professionals, all of whom may provide services for you at one time or another.

At any MTF each PCM will be assigned a certain number of patients. With PCMBN your assigned provider may also have one or two associate providers-medical technicians, nurse practitioners, physicians assistants or other health care professionals. These associates may help you avoid a doctor's appointment or office visit for services like prescription refills. A medical technician, for example, can record your medical history or take a throat culture. If you call for a telephone consultation, a nurse or nurse practitioner might be the person who calls you back.

In reality you may not always get to see your regular PCM-due to deployment, TDY, leave or some other circumstance-but may see an associate provider for certain services. Having the name of your PCM puts a personal touch on what otherwise might seem to be an impersonal system, but at the MTF-as in the civilian world-your PCM will be part of a team of health care providers serving you.

http://www.triwest.com/beneportal/tricare_prime/pcm.htm

Appendix E

Staff Satisfaction Survey Narrative Comments

Staff Satisfaction Initial Survey Narrative Comments

November 2002

PROVIDERS

MD Contractor:

What would make this practice better for patients?

Open access a good idea. However I prefer same day (acute) appointments of 12 minute durations from 1400 to 1700. Routine appointments should be 20 minutes from 0800 to 1400. This would allow time to properly evaluate problems and educate patients. Ultimately this will reduce ER visits and enhance doctor patient relationship.

What would make this practice better for staff?

When at all possible continuity should be maintained. Patients should have freedom to choose providers. Appointments should be made in the halls??????? Administrative time should be established. Presentation of interesting problem and CMR should be done by our own staff.

Comments:

Discussion of providers concern should be at scheduled times. Since civilian providers do 90% of patient care, it seems reasonable to have involvement in decision-making that of course imparts all our practices. We are professionals and desire to achieve excellence and make enrollment at TMAC a privilege.

PA Contractor:

What would make this practice better for patients?

More primary care providers. Nurse educators. Faster access to specialists for active duty patients.

What would make this practice better for staff?

More time for training. Staff meetings. More time for admin., TCON f/u, lab/x-ray, result f/u.

Comments:
None

MD Active Duty:

What would make this practice better for patients?

Change Templates more inline with needs of clinic patients.

What would make this practice better for staff?
Blank

Comments:
None

MD Contractor:

What would make this practice better for patients?

Fewer appointments and more time/PT. Fewer distractions, telephone, home messages, walk-ins, and other things unique to the military.

What would make this practice better for staff?

No excess children/spouses to distract doctor-patient interaction. Patients required to show up on time (15min.before appt.time). Issues go through the company holding the contract.

Comments:

I am, after 10 yrs. here, very tired of being blamed, in writing, for the consequences of decisions made by the military people, in charge. I have been criticized and insulted more in the last 6 months than the previous several years. I am not in the Army, and not subject to the whims of the leadership. The leadership of this clinic and the chief of Family Care at DACH have created the most openly hostile environment for the contractors in my decade-long memory, and the CDR is as useless as tits on a boar. It can be good here. It has been good here, but as it stands I would never recommend anyone seek employment in this system.

MD Contractor:

What would make this practice better for patients?

Ability of patients to follow-up with PCM when they need to.

What would make this practice better for staff?

Less number of patients 1-2 hour

Help from CNA's to answer some tel-cons. Like calling in refills etc. where most of the time we are doing clerical work, we can use the time for patient care.

Comments:
None

NP Contractor:

What would make this practice better for patients?

I feel that patients need to be educated about how good this access to care really is. Also we need to re-institute cold pack so appointments do not have to be wasted on ARI visits. Later clinic hours. Perhaps until 7pm.

What would make this practice better for staff?

More flexibility with scheduling, i.e. 10hr days, 4days a week, to include weekends.

Comments:

I do not feel that my salary is in keeping with NP's across the state. Also benefits make a big difference. I would much rather be GS or on a personal contract.

PA Active Duty:

What would make this practice better for patients?

Hire or recruit more doctors, PA's or NP's to see patients. The only reason patients complain is the time they waste waiting to be seen. Even if you hire more providers, patients will come and come and come. The root of the problem is not enough providers and ancillary staff to see so many patients.

What would make this practice better for staff?

Hire more staff. Increase the amount of time to see patients, but you can't increase the time until you hire more staff.

Comments:

Bottom line, if you hire or recruit more staff, many problems would be solved. I've never once left the clinic early or right on time, because I was done with work. A few times I've had ample time to take care of patients, but for the most part I'm always behind. I really like working here. I wish I could work here forever, but

there are way too many patients and not enough tome to see them all. I don't like turning patients away or rushing them. Quite frankly, I don't believe we'll ever solve this problem. Meanwhile I'll do my best to juggle responsibilities.

MD Active Duty:

What would make this practice better for patients?

Allow my nurses to access lab results, order and do certain tests. Better continuing of patient care. Easier access to appointments. Updated MPL's in the patient's chart.

What would make this practice better for staff?

Better continuity of patient care. Chart access—frequent items are missing or there's no chart. No PA or provider triage patient. Very time consuming.

Comments:

We have plenty of nurses and nursing staff.

MD Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?
Blank

Comments:

This is a very negative working environment. I cannot make changes. When I go to administration with my problems, not even unique to me, asking for help. Instead of help, administration threatens me.

NP Contractor:

What would make this practice better for patients?

Patient education on what is appropriate to be seen on a same day basis. More providers. More clerks. Consequences for rude ancillary staff.

What would make this practice better for staff?

We need our PBO slots back. Consequences for late patients. Late patients back everything up, and many times we don't get time for

lunch. Everyone should have to work weekends. Our contract only provides for 10 paid days off. This is not commiserating with the state and neither is our salary as NPs. Stop messing with my template.

Comments:

The tension between active duty and contractors is very difficult to deal with. The "them against us" mentality is awful. Neither side could survive without each other. 90+% of dependant care is done by contractors. We are treated like children and with no professional respect. I appreciate the CME's that are provided.

MD Contractor:

What would make this practice better for patients?
Continuity with providers. Proper appointment times. Ability to book follow-up appointments.

What would make this practice better for staff?
Less clerical work for providers. Example: t-cons. for refills, lab results, ect. Flexibility with templates.

Comments:

Make computers work all the time, to keep us on time.

NP Contractor:

What would make this practice better for patients?

More administrative time. I feel that this is seen as wasted time, by the administration. Currently we have 20minutes. We need the administrative time to make referrals, call backs and telephone f/u.

What would make this practice better for staff?

Better triage of acute illnesses. I have many viral illness complications everyday. I would also like the time to spend in health promotions. We have a growing population, but health promotions for STD's, pregnancy, early childhood diseases and parenting issues, still would benefit the population as a whole. Also we need to teach appropriate access to care (i.e. when self care vs. acute care) is needed.

Comments:
Blank

MD Contractor:

What would make this practice better for patients?

Better patient care will result from improvements below.

What would make this practice better for staff?

There are numerous area where improvement could be obtained. I will outline these. The problems have become most evident in the last 6 weeks.

1. Number of patients a day has increased leaving no admin. time.
2. Many routine appointments were changed to same day, because patients cannot get routine appointments, (rx refills, need to be seen). This has significantly increased the number of t-cons.
3. PBO (provider book only) slots were eliminated. Makes it very difficult to schedule close follow-up.
4. Computers frequently down. Unable to answer t-cons. or do follow-up during these extensive times. Work builds up.
5. Caller ID blocker was removed from phones. When we call patients, they have our private numbers. They call back and interrupt care.
6. A dictation system would make a tremendous difference in time and ability to document information.
7. Although not possible here, I believe one room to work and make phone calls. Two rooms for examinations are ideal for Family Practice.
8. Poor relationship with specialty clinics. Unwilling to see patients. Do not review consults. Unpleasant when called. We have to make repeated calls to have patient seen with significant efficiency.
9. Late Patients. If a patient completely misses their appointment whose appointment time should we take to see them? I believe a late patient (by more than 5min) should be treated as a no-show or walk-in, and treated as such. The more we allow patients to walk in late the more they will do it.
10. The more stable the nursing and clinic staffs are, the more efficient we can be.
11. My nursing staff feels the people in medical records don't want to pull records, scheduled patients. Having the medical record is very important when treating in person or telephone care.
12. Each patient is asked about "pain" and depression, even if they are not here for one of those problems. At least 50% of my patients respond positive to the questions. This adds an additional 5-10 minutes to ask about and determine the severity and need for evaluation and RX.

Comments:

I am willing to discuss any or all of the points and provide any additional information. This is my 16th year in Army medicine in Primary Care.

MD Contractor:

What would make this practice better for patients?
Increase the number of providers, so access to care can improve.

What would make this practice better for staff?

Open communication and good relationship. Treating staff with respect and courtesy

Comments: Blank

PA Civilian:

What would make this practice better for patients?

Data base allowing better information flow about patients. With reminder of needed health maintenance and treatment received.

What would make this practice better for staff?

More staff for patient coverage.
Comments:
Blank

NURSING STAFF

91W Active Duty:

What would make this practice better for patients?

The ability to spend adequate time with patients. The ability to make follow-up and less appointments.

What would make this practice better for staff?

To have patients come in, only to have missed their appointment. Many people come in for minor complaints that could be better handled with self care programs.

Comments:

The role of the 91W is extremely limited in the clinic. Our scope of practice should be as it has been. What we are trained to do. Not limited by someone who thinks all 91W's can't do anything.

LPN Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?

"It is too many chiefs and not enough Indians". Everybody wants to dictate but no one wants to do anything. We all need to be on the same sheet of music.

Comments:
None

LPN Contractor:

What would make this practice better for patients?

Continuity of care should be more important.

What would make this practice better for staff?

Try not to always accommodate staff expectations, and wants. Do what is best for the clinic and patients.

Comments:
None

LPN Contractor:

What would make this practice better for patients?

Appt. availability minimal with volume/ ration of patients/ doctor. Patient chief complaints are due to no walk-in availability and misinformation to policy/procedures due to too many hands making appts.

What would make this practice better for staff?

Freedom to assist patients with constraints. RE: making appts. For patients that walk-in, non-emergency. No back-to-back appointments for family members with both parents being available to assist when more than one provider are used. Hours due to lack of showing in after hours (5-6pm).

Comments:

None

LPN Contractor:

What would make this practice better for patients?
Blank
What would make this practice better for staff?

For the entire team to work together and support each other, when needed. Including RN's (especially), LVN's, and CNA's. It will make things run better.

Comments:
None

LPN Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?

Hours that are more agreeable to the staff.

Comments:
None

RN Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?
Blank

Comments:

An increase in pay or bonuses for those who work hare, especially the contracted.
Better-organized break room to accommodate this many staff.
Cable TV, so we could enjoy our lunches quietly, without conversations at times.

CNA's

CNA Contractor:

What would make this practice better for patients?

More exam rooms and more screening rooms.

What would make this practice better for staff?

Same as above.

Comments:
None

CNA Civilian GS:

What would make this practice better for patients?
Blank

What would make this practice batter for staff?
Blank

Comments:
I just wish people or staff members would get along and not make it hard on other people to work. I wish we didn't have to work 9am to 6pm. 8am to 5pm would be better. Isn't that what the aftercare is for? We probably have one or two patients come in before 5:30pm. We usually are finished by 5:30pm.

CNA Contractor:

What would make this practice better for patients?

I think thing are fine the way they are.

What would make this practice better for staff?

I don not know at this time. Good training and trainers.

Comments:
None

CNA Civilian GS:

What would make this practice better for patients?

Give good quality care. See patients on time, but don't give the impression that they can be seen any time they want to walk-in without an appt. scheduled.

What would make this practice better for staff?
Work as a team and forget about some of us being GS and some of us being contract. Stop stereotyping people for this. Teamwork is the key to good quality medical care.

Comments:
None

CNA Civilian GS:

What would make this practice better for patients?

Patients need to be seen on time, but they also need to know that they just can't walk-in without going on sick call or making an appointment, unless it's an emergency. People just walking in, non-emergency to see a provider as a walk-in throws patients with appointments behind.

What would make this practice better for staff?

Providers need to communicate more with each other and staff. Need more communication from leadership, especially with the activities of the clinic, with changes being made before they happen and why. Too many times things happen before we get a chance to find ut why. Things like one day you see a few new questions added to a patients 600 and trying to explain why the question is being asked.

Comments:
None

CNA Civilian GS:

What would make this practice better for patients?

The system of check-in/screening. Patients to show up on time. Providers should have more time to see patients.

What would make this practice better for staff?

Better parking conditions.

Comments:
None

CNA Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?

Building a outside picnic and smoking area.

Comments:
None

CNA Contractor:

What would make this practice better for patients?
Blank

What would make this practice better for staff?

People communicating and getting along.

Comments:
None

ADMINISTATIVE SUPPORT STAFF

Medical Clerk Contractor:

What would make this practice better for patients?

More patients being aware of whom they are seeing and what time. If the patient is aware, that it prevent us from slowing down to constantly direct them. Central could help with this by being clear and direct, with the patients.

What would make this practice better for staff?

If people would treat each other as they want to be treated. This place is one big spiteful, hateful gossip fest. Truth be told. The job is great, the patients are too. Doctors and nurses are too. It is the clerks that make a hostile atmosphere.

Comments:

For the most part the providers and nursing staff are very helpful. With the understanding that we all have rough days, sometimes. However throughout the clinic there is a lot of static between the clerks. There is no clear one person in charge, to go to for direction when it comes to procedures. People bitch, complain, tattle and gossip. No one seems to be on the same sheet of music. Our NCOIC is a great lady, but I feel this huge clinic is too much for her and the ANCOIC to handle. As well as she herself would like to. Not for lack of effort on her part, but she has to prioritize. A lot of issues have to be passed over.

Medical Clerk Contractor:

What would make this practice better for patients?

More providers would make it better. Because it's hard for them to get appointments, now. More appointments for clerks to book. This place is so big that patients feel they are not getting the best

possible care they deserve. It's not personal anymore. It seems they are shuffled in and out.

What would make this practice better for staff?

If the leadership here were more concerned about the feelings of their staff and if they didn't have the attitude that they have the power to do thing without ever considering how it might affect the employees (scheduling employees). It seems one leader here feels that contract employees are nothing. They don't care about what works for us.

Comments:

I'm very concerned that this place is not a good place to work. I love my duties and the patients that I help. There are lots of problems here that are hidden from a lot of people, who need to know i.e. hospital commander. Leaders here are on big power trips. They need to come down from their pedestals and realize that they are only human, just like me. They need to treat us all like they would want to be treated. Treat contract employees the same as they treat GS. We actually do more work than the GS employees, but we are always dogged on. Change all of us to GS and then there wouldn't be problem. Also get rid of the troublemakers in the work place. They get everyone else in trouble. Need more parking, gazebo for smokers and dining facility for employees. Thank you very much for this opportunity.

Medical Clerk Contractor:

What would make this practice better for patients?

The overall practice for the patients is pretty good. There needs to be more providers. There are not enough doctors for all the patients that need to be seen. As a medical clerk there are never enough appointments for us to help the patients. We need PBO slots, so we can make follow-up appointments.

What would make this practice better for staff?

Between the contractors and the military I see a lot of tension. It would be nice if we would all go civil service. That way we aren't playing the guessing game all the time. I feel we are on a roller coaster. Never sure if we, as employees will have a new contract or not. It's like starting all over again. We never have a chance to advance. The GS employees get away with a lot in this clinic. We, as contractors, have to work twice as hard to take up their slack. That brings a lot of tension among the workers. When you have good workers, the first goal is patient care. They should be treated a little better than we are.

Comments:

I hear a lot of complaints from the patients about the parking. When large groups, of military, are brought in for a deployment or new to the post, they should be bussed in. When they drive themselves they take the parking for the staff as well as for the patients.

Medical Clerk Contractor:

What would make this practice better for patients?

More available appointments. More providers.

What would make this practice better for staff?

The leadership here treats contract worker like we are not important. We take a lot of abuse and don't say anything about it. When we do, we are looked at and treated like troublemakers. There are contract workers that gossip. In our handbook it states those co-workers can and will be fired. I don't want anyone fired, but I feel they should be counseled or written up.

Comments:
Blank

Medical Clerk Civilian GS:

What would make this practice better for patients?

More chairs for patients while they are waiting.

What would make this practice better for staff?

More coke machines.

Comments:

More clinic providers.

Clerk GS:

What would make this practice better for patients?

More patient parking areas.

What would make this practice better for staff?

More staff parking areas. More soda machines. Intercom music.

Comments:
Blank

Other-Coder-Contractor:

What would make this practice better for patients?

More communication with patients' clerks and doctors.

What would make this practice better for staff?

Everybody learning how to work together.

Comments:

I'm just a coder. However in the short time I've been here it's been pleasant. Sgt. Robles was the perfect NCOIC. When Sgt. Phillips became NCOIC everything changed. Not to say that we want special privileges, but everybody at each other's throat. Some supplies aren't getting ordered on time. They're not getting to the correct people. People with seniority are not considered when new people come it. That's just the tip of the iceberg. If this doesn't pertain to you, than forget about it.

Other-Coder-Contractor:

What would make this practice better for patients?

Providers spend more time with patients.

What would make this practice better for staff?

More education.

Medical Clerk Contractor:

What would make this practice better for patients?

To be able to schedule a follow up appointment, after they see the doctor. Please give back our ability to use PBO appointments for follow-ups. To give us more parking for patients and staff.

What would make this practice better for staff?

To have an understanding between the staff. When we speak up about something we get treated like we are troublemakers. To give us a snack bar or dining facility. We need tinted windows. They are needed. We also need better ergonomics for our staff. Have problems with neck, shoulders and carpal tunnel.

Comments:

We need to either be all contract employees or GS employees. The contract employees do the same job a GS does and gets paid ½ what they get paid. Monthly meetings for updates and complaints.

Medical Clerk Contractor:

What would make this practice better for patients?

A happier medical staff of clerks (contract).
They are the first line of Patient care.

What would make this practice better for staff?

Contract medical clerk accumulated leave, each week instead of after one year. Medical clerk with the ability make more money.

Comments:

More GS medical clerks is the solution.
1 leave can be accumulated.
2 ability to make more money after one year.
3 ability to retire with enough time in service.

Medical Clerk Civilian GS:

What would make this practice better for patients?

More staff to assist with patients and patients concerns.

What would make this practice batter for staff?

Stick to hours for sick call and other medical concerns. Patients are seen all day and the situations change daily. I understand emergencies, but some situations are outrageous.

Comments:

Thomas Moore provides Moore. Goes without saying. But at the expense of others (staff), not everyone.

Medical Clerk Contractor:

What would make this practice better for patients?

Cable TV

What would make this practice better for staff?
Better access to parking, dining facility, cable TV, and larger breakroom.

Staff Satisfaction Follow-up Survey Narrative Comments

April 2003

PROVIDERS

MD Contractor:

What would make this clinic better for patients?
More continuity of care. Patient to see same physician, if at all possible.

What would make this clinic better for staff?
Small clinics are better.

Comments specific to APHCO training:
Blank

Comments:
Blank

MD Contractor:

What would make this clinic better for patients?
Having medical records available. Patients to keep their appointment times. Not closing down lab facilities while patients are still being seen.

What would make this clinic better for staff?
The ability to have any input, besides surveys.

Comments specific to APHCO training:
I feel this was a waste of time and money. We already know our problems, and nothing was going to be done.

Comments:
The army doc's treat the contracted physicians like children. You do not dare ask administration for help.

MD Contractor:

What would make this clinic better for patients?
I think the clinic is doing a good job, at the present.

What would make this clinic better for staff?
Blank

Comments specific to APHCO training:
Let's have some more. Past training gave new in-sight regarding community health.

Comments:
Blank

PA Civilian:

What would make this clinic better for patients?
Full appointment schedule.

What would make this clinic better for staff?
Blank

Comments specific to APHCO training:
Blank

Comments:
Blank

MD Contractor:

What would make this clinic better for patients?
More access to care. Patients to see their own PCM (I have seen patients who informed me that they have never seen their PCM). Patients should be notified why their doctors are late seeing them (maybe a different case before them, the doctor had to spend more time with this very sick patient).

What would make this clinic better for staff?
Open communication with staff. Need a full time computer expert at Moore Clinic, whom we can call to help with our computer problems.

Comments specific to APHCO training:
I have asked our RN's to help me contact patients, on the phone, whom I cannot contact because of block call. Optimization training taught me to do this and it helps a lot. My time is not wasted on the phone. I can spend the time productively seeing patients, instead.

Comments:
Blank

NP Contractor:

What would make this clinic better for patients?
Restricting preventative care services to assigned PCM's only. This would help to make a patient/PCM relationship and plan of care for individuals and their families. During TDY and deployments, have those assigned patients see a provider not paneled, who handles only those patients. A bridge, until the patient is either reassigned or their PCM returns. Not an issue for contract MD's, but for active duty PCMs. These patients are falling through the cracks. Not having adequate follow-up for medical problems.

What would make this clinic better for staff?
Give PCM's administrative time, for tel-cons, labs and diagnostic tests. Allow demographic data available to PCM's and give us the time to develop care plans for our panels.

Comments:
Blank

MD Contractor:

What would make this clinic better for patients?
Better triage system. I am seeing patients for acute slots that do not need to be seen acutely. Where as my clinic patients, have a hard time getting in to see me. More strict guidelines so that patients can be seen by their PCM, instead of jumping around from doctor to doctor. Compromising their care.

What would make this clinic better for staff?
Blank

Comments specific to APHCO training:
Blank

Comments:
Higher pay during weekends and holidays as incentives to take an extra week.

PA Active Duty:

What would make this clinic better for patients?
You need to hire more providers to see patients. We see them in too short of a time slot. There is a large number of patients, every day. This place has the largest concentration of soldiers and has a small community hospital for support. Some of the exam rooms are not filled, no providers to see patients.

What would make this clinic better for staff?
Hire more providers.

Comments specific to APHCO training:
Blank

Comments:
Blank

NURSING STAFF

LPN Civilian GS:

What would make this clinic better for patients?
We need more providers.

What would make this clinic better for staff?
A larger Break room.

Comments specific to APHCO training:
Blank

Comments:
Blank

LPN Civilian GS:

What would make this clinic better for patients?
Better parking area. Better access to medical records.

What would make this clinic better for staff?
Better parking area. Better break room.

Comments specific to APHCO training:
Blank

Comments:
Blank

LPN Contractor:

What would make this clinic better for patients?
Blank

What would make this clinic better for staff?
Better leadership. Leaders don't care about how we think or feel, about things in the clinic. We could do more as a team, if given time to make improvements.

Comments specific to APHCO training:

Good training, but we can't follow through on any of it. We have no leadership.

Comments:
Blank

Comments:
Blank

LPN Contractor:

What would make this clinic better for patients?
Blank

What would make this clinic better for staff?
Take down the many "Chiefs vs. Indians". Too many power trips.

Comments specific to APHCO training:
Blank

Comments:
Blank

LPN Contractor:

What would make this clinic better for patients?
Patients receive great health care, already.

What would make this clinic better for staff?
Staff works great together.

Comments specific to APHCO training:
Blank

Comments:
Blank

91W Active Duty:

What would make this clinic better for patients?
Improve sick call for active duty. Increase parking space.

What would make this clinic better for staff?
Better communication through out the clinic. Increase parking area. Improve lighting in records and medical supply rooms.

Comments specific to APHCO training:
Blank

Comments:
Blank

91W Active Duty:

What would make this clinic better for the patients?
Better sick call procedures. More parking. Like the entire front of the building along the road.

What would make this clinic better for the staff?
More provider slots to fill patient appointment capacity. More parking. Better lighting in records and medical supply rooms. Need tinted windows, because our staff is blinded.

Comments specific to APHCO training:
Blank

Comments:
Blank

91W Active Duty:

What would make this clinic better for patients?
More providers. Less waiting for patients. Better customer service and patient care. Better patient care during sick call hours. Bigger parking area.

What would make this clinic better for staff?
Awards, to motivate employees. Staff meetings. Bigger parking area. The windows located high on the ceiling need to be tinted or have blinds put on. Too bright when the sunlight comes through.

Comments specific to APHCO training:
Blank

Comments:
Blank

CNA's

CNA Contractor:

What would make this clinic better for patients?
Blank

What would make this clinic better for staff?
If everyone would stay out of each other's business.

Comments specific to APHCO training:
Blank

Comments:
Blank

CNA Civilan GS:

What would make this clinic better for patients?
Patients must be more aware of appointment and doctor's workload.

What would make this clinic better for staff?
More clinic meetings.

Comments specific to APHCO training:
Blank

Comments:
Blank

CNA Contractor:

What would make this clinic better for patients?
Overall clinic teamwork. Efficiency.

What would make this clinic better for staff?
Clinical staff teamwork.

Comments specific to APHCO training:
Blank

Comments:
Blank

CNA Contractor:

What would make this clinic better for patients?
Having more clerks to check in patients, do tel-cons and make appointments. This would get patients back to doctors, quicker.

What would make this clinic better for staff?
More break facilities. Too many staff for what we have. More teamwork between halls.

Comments specific to APHCO training:
I believe that this concept is a good idea. I think a team from outside the clinic should have been in control. Our staff has too many responsibilities. I didn't focus on this very much.

Comments:
Blank

CNA Civilian GS:

What would make this clinic better for patients?
This clinic is by far the most efficient I have ever seen.

What would make this clinic better for staff?
More pay for contract workers, to help close the pay gap between the contractors and GS.

Comments specific to APHCO training:
Blank

Comments:
I was a 91B (combat medic), and dropped to a CNA for this job. The army spent the money to train me as a medical assistant. I feel the government service department should utilize me as such.

CNA Contractor:

What would make this clinic better for patients?
Bigger records room. Better parking area, for patients.

What would make this clinic better for staff?
Better parking. Pay raise.

Comments specific to APHCO training:
Blank

Comments:
Blank

CNA Civilian GS:

What would make this clinic better for patients?
More providers. Smaller panel of patients, for providers. Better team leaders.

What would make this clinic better for staff?
Everyone being on the same sheet of music. One set of rules for the entire clinic.

Comments specific to APHCO training:
What happened after the chalk got erased from the boards, at our optimization training?
Answer: Everyone involved left, relocated or got deployed.

Comments:
Lots of good ideas, concerns, ECT. Not enough effort being put forward, by key players. It all seems worthless.

CNA Contractor:

What would make this clinic better for patients?
The doctors shouldn't get an attitude, if the patient is 1 minute late. Medical clerks should be more helpful.

What would make this clinic better for staff?
Blank

Comments specific to APHCO training:
Blank

Comments:
I think CNA's should get paid better wages, for the amount of work they do. They do a lot of nursing procedures. They have a lot of responsibility. CNA's wages are just $7.80 an hour.

CNACilvian GS:

What would make this clinic better for patients?
Patients being seen on time.

What would make this clinic better for staff?
Everyone working to improve the teamwork in the clinic. Everyone pulling their fair share in their job performance roles and responsibilities.

Comments specific to APHCO training:
Blank

Comments:
Blank

CAN Contractor:

What would make this clinic better for patients?
Patients scheduled so they don't have to wait so long. More desk clerks during sick call.

What would make this clinic better for staff?
More organization. People doing the jobs they were hired to do. Teamwork. Input form the entire clinic, on how things are done.

Comments specific to APHCO training:
Blank

Comments:
Quality over quantity.

CAN Contractor:

What would make this clinic better for patients?
More appointment times.

What would make this clinic better for staff?
Everyone needs to have the same rules applied to him or her.

Comments specific to APHCO training:
Blank

Comments:
I know the turnover rates, here at Ft. Hood, wouldn't be so bad if the wages were better. A GS CNA makes more than a contract LVN, this is not right. This is a big issue that separates staff from one another. AGS CNA and a contract CNA do the same exact same job, but get treated differently. This needs some attention.

ADMINISTATIVE SUPPORT STAFF

Medical Clerk Contractor:

What would make this clinic better for patients?
Patients should get to see their PCM, and not be moved from one provider to another.

What would make this clinic better for staff?
More communication. Notifying clerks of important issues. There is a major lack of communication. The rudeness and hatefulness from other hallways, needs to stop.

Comments specific to APHCO training:
Blank

Comments:
Blank

Medical Clerk Contractor:

What would make this clinic better for patients?
There are too many forms for the patients to fill out. Takes too much time. Doctors will not see late patients.

What would make this clinic better for staff?
Better communication between staff. The staff is always the last to know, of changes.

Comments specific to APHCO training:
Blank

Comments:
Blank

Medical Clerk Contractor:

What would make this clinic better for patients?
A better parking area. Move PT road closures to let patients have easier access to clinic, for morning appointments.

What would make this clinic better for staff?
Gazebo for smoking. Better snack machines, for employees. A chance for advancement and pay raise. More quality between GS and contract employees.

Comments specific to APHCO training:
Blank

Comments:
Blank

Other-Contractor:

What would make this clinic better for patients?
Blank

What would make this clinic better for patients?
Bigger work areas.

Comments specific to APHCO training:
Blank

Comments:
Blank

Medical Clerk Contractor:

What would make this clinic better for patients?
Blank

What would make this clinic better for staff?
Bigger break room. Gazebo for smokers.

Comments specific to APHCO training:
Blank

Comments: Blank

Medical Clerk Contractor:

What would make this clinic better for patients?
More patient slots. More providers.

What would make this clinic better for staff?
New employees should be introduced to existing staff and given a tour of the clinic.

Comments specific to APHCO training:
I enjoyed the training. Could only attend three days. I was a new employee.

Comments:
Blank

Other-Coder Contractor:

What would make this clinic better for patients?
More flexibility of type of patient appointments.

What would make this clinic better for staff?
Adequate phone system that has access to 800 numbers, for the job. A more quieter, private room is needed when dealing with super bills.

Comments specific to APHCO training:
Blank

Appendix F

Patient Satisfaction Survey Narrative Comments

Patient Satisfaction Follow-up Survey Narrative Comments
April 2003

Family Member of Active Duty/Same Day Appointment:
Comments:
While trying to obtain a statement of eligibility form, the records clerk was very short and uncooperative. I have had problems obtaining an ID card. So I am familiar with the process. The cleric spoke rudely and told me I didn't know what I was talking about.

Family Member of Active Duty/Same Day Appointment:
Comments:
I am going to switch providers. I don't have a good patient/doctor report. We don't click. I really like this clinic, though.

Family Member of Active Duty/Same Day Appointment:
Comments:
Everyone at the clinic is great. They are always helpful and caring. Out of all the clinics we have used in our 11 years in the military, this clinic is far the best one of all. Heather, at the red banner, is so nice and sweet. She makes checking in a lot easier. I would like to tell everyone there "Thank You".

Family Member of Active Duty/Same Day Appointment:
Comments:
Waited 35 minutes after scheduled appointment time, to see PCM.

Active Duty/Same Day Appointment:
Comments:
Saw Dr. XXXXX. She was very good, very nice. Very thorough. I would come to see her again. Pharmacy services could be better.

Active Duty/Sick Call:
Comments:
I have been coming for the same problems. Results have been lost, these could shed light to my situation. Overall, I feel that if the care providers here, in the clinic, can't do anything, then refer any patient to another facility or specialist in that area.

Family Member of Active Duty/Same Day Appointment:
Comments:
Sometimes I feel rushed and don't really tell them how I feel.

Family Member of Active Duty/Same Day Appointment:
Comments:
Takes too long in the pharmacy for meds.

Family Member of Active Duty/Same Day Appointment:
Comments:
It is very hard to get an appointment. It is very hard to get a physician to help you with special care paper work.

Family Member of Active Duty/Same Day Appointment:
Comments:
I always receive excellent service. I don't ever have long waits and I love the pharmacy.

Active Duty/Sick Call:
Comments:
If we were able to sign out over the counter medication, that would be great.

Retired Service Member/Same Day Appointment:
Comments:
When will retirees be given car for back and knee pain? Made an appointment through PA for chronic back pain. The appointment was with the chiropractor on Ft. Hood. Went to this appointment only to discover that the clinic does not treat retirees. When asked what needed to be done to get treatment, the doctor and staff had no answers.

Family Member of Active Duty/Same Day Appointment:
Comments:
Need to have walk-in appointments for children. Some of them are actually sick and can't afford to wait all day to be seen.

Family Member of Active Duty/Routine Scheduled Appointment:
Comments:
Coming in to get my medication, with out seeing the doctor would be good.

Family Member of Retired Service Member/Routine Scheduled Appt.:
Comments:
I have had a very good experience with this clinic and staff.

Active Duty/Sick Call:
Comments:
I feel the only reason I didn't wait long to be screened, was because there weree people from MEDCOM screening the clinic.

Active Duty/Sick Call:
Comments:
Idea: call in appointment times for sick call to lessen wait time. Advance notice if you get to sick call and come back, you should be told to make an appointment and not go through sick call. This delays needed care.

Active Duty/Sick Call:
Comments:
Not disappointed with treatment, but with the system to receive a routine appointment. The patient appointment line claims not to help with active duty. The assigned clinics are only scheduling appointments during sick call hours. This is very much a hassle soldiers to receive care for our health concerns.

Family Member of Active Duty/Same Day Appointment:
Comments:
Would like to see fewer turnovers of physicians. We moved here in February. My 5 year old was assigned to one physician. In September we received a letter assigning her to another physician. Today when I called for an appointment, I was told the physician no longer works here. Also, the doctor we saw was not listed on a sign. So, we didn't know where we were supposed to sign in.

Active Duty/Sick Call:
Comments:
When the doctor finally saw me, it tool less than 60 seconds to be put on profile and a prescription. I still don't know what's wrong with my arm. In 7 days I have to come back to sick call for a follow-up, because the ladies at the desk don't schedule follow-up appointments for soldiers. So I guess I will get to spend the average of 2 to 4 hours here, again, in 7 days. Hopefully I'll find out what is really wrong with my arm, next time.

Family Member of Active Duty/Same Day Appointment:
Comments:
A staff member, at the sign-in desk, was rude. However my provider was excellent.

Family Member of Active Duty/Same Day Appointment:
Comments:
If you call after 8:00am, there are no appointments left. I have had a sore throat for a week. I called 3 times to get an appointment. One was not available for me. I went to the ER. The nurse told me I was wasting her time. I have strep throat.

This could have been taken care of a week ago, if there were more appointments available.
Family Member of Active Duty/Same Day Appointment:
Comments:
I really do not understand why we have a Primary Care Manager. We have never been able to see him. Services at the Moore Clinic have usually been pleasant. Although in previous visits we have encountered some unfriendly providers. These providers don't seem to care. That was not the case at this visit.

Retired Service Member/Same Day Appointment:
Comments:
I have never seen my PCM. I always take any available doctor.

Active Duty/Sick Call:
Comments:
I feel there is not enough PA's for sick call soldiers.

Family Member of Active Duty/Same Day Appointment:
Comments:
Great Job.

Family Member of Active Duty/Same Day Appointment:
Comments:
My normal PCM is XXXXX. She is such an awesome doctor. She is always on time and very specific. She takes my needs into consideration. She listens to my concerns and me. I can always depend on her, anytime. If it weren't for her, I wouldn't even come here. Dr. XXXXX is the doctor I saw, today. He had a very bad bedside manner. He was rude to the staff and me. To be quite frank, as a doctor, he was down right ignorant. I was offended and so was the staff. As usual Dr. XXXXX had to save the day. Still, that doesn't excuse Dr. Tolbert's behavior.

Family Member of Active Duty/Same Day Appointment:
Comments:
I have no problems at this clinic. At times the pharmacy can be full, but we usually get through pretty quick.

Active Duty/Routine Scheduled Appointment:
Comments:
I came to the clinic for a VA physical. This appointment was scheduled over a month ago. I had a very restricted time schedule. After waiting 45 minutes, I had to reschedule without being seen.

Family Member of Retired Service Member/Routine Scheduled Appointment:

Comments:
You do a very, very good job. Keep up the good work. You are very appreciated.

Active Duty/Sick Call:
Comments:
Every time I have had an appointment, a different person looks at me. I don't know who my doctor is. Sometimes when I'm told to go to the lab, I am told to return for my results. They forget about calling me back to tell me the results, of the lab work. It would be easier if there were a system where the patient could check for lab results without waiting on the doctor. The clinics system, of calling the patient to get their vitals done, then setting up an appointment, is good. The patient doesn't have to wonder how long he/she will be waiting to be seen. The staff's attitudes have improved. Thank You. PA's and staff make the visit more relaxing. They speak to the patient. They explain what they are doing and why. Thanks again.

Active Duty/Sick Call:
Comments:
I am new to Ft. Hood. My unit is the 96th trans. Co., 180th trans. Bn, 64th CSG. I walked into the Moore Clinic, to be seen by a physician. While a civilian PA was seeing me, I was told that the Moore Clinic was not my TMC. I was then directed to the Monroe Troop Clinic. There, Cpt. XXXXX saw me. He wrote me out a profile, and then directed me to the information station to make a follow-up appointment. When I gave the receptionist my ID card, she informed me I needed to go to the Tri-care office to update my Deers information. Then I would be assigned to the Moore Clinic. I was also informed that my soldiers in my unit are assigned to the Monroe Clinic. Went to Tri-care to update my Deers information, I was informed that I couldn't do it there I had to go to the Rivers In processing Center to update my Deers information. At the Rivers center they told me to go back to the Moore clinic to update my information, because that was my assigned clinic. What to do? Soldiers should be assigned a PCM as soon as they know what unit they will be assigned to. Then they wouldn't have this run around.

Active Duty/Same Day Appointment:
Comments:
I really like the service at this clinic. I have been stationed here for three years and have never had a problem at this clinic. In fact if there is any possible way not to go to Darnell, I don't. I wait for a same day appointment for my dependants.

Active Duty/Routine Scheduled Appointment:
Comments:
The Moore Clinic is not my regular TMC. I go to the asthma/allergy clinic. Everyone there is very helpful and concerned.

Active Duty/Sick Call:
Comments:
Mrs. XXXX is a excellent doctor. A great, great human.

Active Duty/Sick Call:
Comments:
The receptionist at the Green Flag, are very rude, sometimes. They think some soldiers are idiots. They sit and gossip, while you are waiting in pain. Then again they may not like me, but it happens several times to me.

Active Duty/Sick Call:
Comments:
I would like to see the same person for medication and treatment.

Active Duty/Sick Call:
Comments:
The time wait is extensively long. Not a lot of care concerns for soldiers.

Active Duty/Sick Call:
Comments:
I went to the clinic on sick call. I was not asked what was wrong. I was just given an appointment for knee class. No one ever looked at my knee or anything else.

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Active Duty Sick Call:
Comments:
This clinic has always done a good job. Sometimes it would be easier to make an appointment instead of coming in on sick call, for the same problem. Sometimes it takes a while to get your medicine from the pharmacy.

Active Duty Routine Scheduled Appointment:
I am a National Guard soldier from Raleigh N.C. I called to make an appointment with the allergist. I am not familiar with the area. Sandy was very pleasant, helpful with directions. I was also 10 minutes late for my appointment, I was still seen. Thank you very much.

Active Duty Sick Call:
It would be nice to call in and schedule an appointment.

Active Duty Sick Call:
You don't have to wait for over the counter medications, at most other clinics. At other posts.

Active Duty Sick Call:
The receptionists are very rude to everyone.

Active Duty Sick Call:
Now I know why the medical care that the army provided is free. You don't really get the medical attention you need. It took me 3 months to get a referral for a bone scan. It turns out that both of my legs have positive stress fractures, and nerve damage. If I didn't continuously keep returning to sick call, they would have never referred me. When a soldier requests a particular service---- honor them. Otherwise allow us to go to a civilian facility to be taken seriously. Thank you.

Active Duty Sick Call:
The sick call procedures used to run smoothly. In the future if something isn't broken, don't change it.

Active Duty Sick Call:
I had tried to make an appointment here, but because of the recent deployments, I was unable to. The system here is good. This is my first real time here and I was pleased. The only problem I had was that I had multiple concerns. Because of the shortage of staff, I could not sit and talk with the doctor. I understand our real work missions. Like I said before, the

treatment was very good. I just wish there was a way to talk to my physician a little longer, about my health. Thank you.

Active Duty Sick Call:
The only problem i have is that I wish they could see you for more than one thing, at a time. Instead I have to come back to sick call, several times.

Active Duty Sick Call:
I just wanted to get an updated profile for my medical condition and I got an appointment. I feel they give out appointments for just any reason.

Active Duty Sick Call:
1st Lt. XXXX was very professional in treating me. Lt. XXXX explained what was going to happened and told me of any side effects I might have, to the medication.

Active Duty Sick Call:
I feel whit it comes to children, being ill, the provider should at least see the child. Not just give them an appointment 2 days later.

Active Duty Sick Call:
Everyone was very confused, today. I was first sent to a provider, who wasn't here. I was redirected 3 times. I received a call on Thursday telling me to see Maj. XXXX, during sick call Monday. Upon arrival, no one would direct me to her. I was sent to Dr. Adams, who wasn't around. Finally Ms. XXXX told the woman, at the desk, to make me an appointment with Maj. XXXX. That was a task I could have taken care of myself, if anyone here would have listened to me in the first place.

Active Duty Same Day Appointment:
Very helpful.

Active Duty Routine Scheduled appointment:
Mr. XXXX was very thorough today. He went above and beyond his duties. He detected something that I didn't even notice or complain about.

Active Duty Walk-In:
I would like to thank the personnel, who work at the green banners, for always assisting me at a moments notice.

Active Duty Sick Call
When I arrived at the Moore Clinic, my appointment was not until 10:00. I was in such pain. The physician made me a priority and saw me right away. I am grateful that I was not made to sit for two hours in pain.

Family Member of Active Duty:
Routine Scheduled Appointment
Comments:
My first visit to the clinic. One of the staff members did not realize that I had already been brought back to a treatment room. She decided to shout my name out, at the top of your lungs. I thought that her behavior was very unprofessional. Today was my second visit to the clinic. I have been satisfied with the manner in which my appointment was handled.

Family Member of Active Duty:
Routine Scheduled Appointment
Comments:
This was our first visit. If all other visits go the same way, you have an excellent program going.

Family Member of Active Duty:
Same Day Appointment
Comments:
Everyone is so nice here at the clinic. This is my first time my daughter had to see Dr. XXXX. My daughter likes her new doctor. That made me feel good. He is a very nice doctor, he explains in detail.

Family Member of Active Duty:
Same Day appointment
Comments:
Waiting to see the doctor usually takes too long. My usual wait is atleast 30 minutes.

Family Member of Active Duty:
Same Day Appointment
Comments:
The doctor we saw today, Dr. XXXX, was excellent. Getting into see a doctor, for a same day appointment is hard. Some of the doctors tell you one thing and the appointment system tells you another.

Family Member of Active Duty:
Routine Scheduled Appointment
Comments:
I have always received attentive care at this facility. The providers listen to what you have to say and take the time to explain everything to your understanding.

Family Member of Active Duty:
Same Day Appointment
Comments:
Moore is not my primary care clinic. Refills by mail need work on amounts given.

Family Member of Active Duty:
Same Day Appointment
Comments:
Dr. XXXXX took great time explaining the tests that he wanted to do on my 6yr. old. Dr. XXXXX is extremely patient with kids. The nursing staff was awesome, as well.

Family Member of Active Duty:
Same Day Appointment
Comments:
I've learned to deal with this clinic. What other choice to you have. When you don't have any other care.

Family Member of Active Duty:
Same Day Appointment
Comments:
I have always been very satisfied with my doctors and any treatment they have provided me.

Family Member of Active Duty:
Same Day Appointment
Comments:
I have not been able to get an appointment with my child's primary care provider, for the last 6 visits. Even routine appointments are always booked. Today I had to wait 30 minutes with 2 sick kids, in the exam room, while our provider ran around yelling about how she wasn't supposed to see patients today. The medical records for my daughter were misplaced. In the past 6 months, the service in this clinic has gone down hill.

Family Member of Active Duty:
Same Day Appointment
Comments:
Peds is the best at this clinic.

Family Member of Active Duty:
Same Day Appointment
Comments:
I was seen quickly and promptly. I was seen on the same day I called for an appointment. I was in and out in less than 1 hour. Thank you for your care.

Family Member of Active Duty:
Same Day Appointment
Comments:
I don't understand why they give you a primary care giver. You hardly ever get to see that person.

Family Member of Active Duty:
Same Day Appointments
Comments:
The few times I have been in the clinic, I've had fast and courteous service. Medical professionals and staff have always been kind, compassionate and quick.

Family Member of Active Duty:
Routine Scheduled Appointment
Comments:
The care I received, so far, has been excellent. But as for my children, it could be a little better.

Family Member of Active Duty:
Same Day Appointment
Comments:
I would like to see more RN's and LVN's, less CNA's. A lot of CNA's here seem very uneducated and unfamiliar with medical terms, conditions, ect. Very happy with the physician. Thanks.

Family Member of Active Duty:
Same Day Appointment
Comments:
The pediatric clinic staff and doctors are excellent. Although, at this clinic, it's very difficult to get a gyn appointment.

Family Member of Active Duty:
Same Day Appointment
Comments:
Reserve parking spaces for the disable.

Family Member of Active Duty:
Same Day Appointment
Comments:
There needs to be more clinics and doctors available to accommodate a base this large. It is very difficult to get an appointment. Takes a long time to get one.

Family Member of Active Duty:
Same Day Appointment
Comments:
PCM never available.

Family Member of Active Duty:
Same Day Appointment
Comments:
Dr. XXXXX needs to be briefed on gastric bypass referrals. Because of him, I've been set back about 7 months.

Family Member of Active Duty:
Same Day Appointment
Comments:
Less time waiting at pharmacy.

Family Member of Active Duty:
Same Day Appointment
Comments:
I think we wait too long for prescriptions, at the pharmacy. I cannot always get an appointment with my provider.

Family Member of Retired Service Member:
Walk-in
Comments:
I was very impressed with Mr. XXXX. He is friendly. Puts one at ease and very thorough in his questions and care. The entire staff, I dealt will today, were all excellent in every aspect.

Family Member of Retired Service Member:
Same Day Appointment
Comments:
Very courteous. Excellent mannerism. Customer friendly.

Family Member of Retired Service Member:
Routine Scheduled Appointment
Comments:
Blue banner group, very friendly and helpful. Outstanding at seeing to our needs. Building very clean, nice.

Appendix G
APHCO Training Course Evaluation Comments

APHCO Course Evaluation Comments

MD Comments:

Management is the problem. Management won't change. You are preaching to the choir. Many or most of these problems were brought up at DCCS-contracting physician meetings and nothing ever happens. The word to sum this up is inertia.

More time for questions; especially about coding
More examples of changes from other clinics

Very good course

Under the current leadership (DACH), all of these things will continue to be only great "ideas". I feel that we will never be given the opportunity to implement any of these improvements and subsequently improve the care at TMHC.

We will only be able to do what we are given time to do by our "command".

My personal goal is not to change the system, but to survive it. I have heard no new ideas; we've done teams, PCM's, a thousand template changes. You have "empowered" the "customers" to the point of absurdity. One person in the room went to medical school and the other one is a patient, not a customer, client of consumer. If you think otherwise, you've never given a medical legal disposition. If you want to empower your ancillary staff, do it under someone else's license. The military people running things might consider supporting the independent contractors, other than harassing and insulting us.

NP Comments:

Overall, the course was excellent; I would recommend in the future that the group activities start the first day. When we finally figured out what we were doing and where we wanted to go- the time was too limited. Some of our ideas had to be changed because of credentialing issues, computer issues, etc, it would have been nice to know these facts up front. The first day was **** and some of the lectures presented could have been condensed to provide more group time.

Optimization is a great concept on paper, but we live in the reality of short staffing, too small a facility, and a young population who demand same day service. We barely have enough time to see patients but the team wants us to educate, have team meetings. We need an entire change in the upper command toward

contractors and mid-level providers.....we are considered second class.

I feel the command doesn't support the staff/providers. I mean that the adm/command sees "Moore Clinic' as an appointment machine. We are not managers of a panel. We are warm bodies. Our patients need and deserve our best. This is a great plan but in the current atmosphere, I do not see it happening. The command doesn't view us a professionals. I say "give us the panels", "let us manage the patients". This COULD work but not without command support.

RN Comments:

I feel the course was too rushed. These issues are based on being resourced to achieve + outcomes. Many of these resources have been requested but not fulfilled.

Some areas were repetitive and it would help if speakers got to the point. To many ABC's, CBC's-----has no meaning to some-once we see those acronyms more then we will know what it stands for--- easier to follow along.

LPN Comments:

More heat pumped into lecture hall. More interaction and involvement of the class attendees. Less slides and more involvement of presenters and attendees. And maybe some donuts in the am.

CNA Comments:

I'll stay neutral with everything that is going on in the clinic that I'm working because I was just hired this month. Educating CNA's more in the clinic so we can do more with patients (rather than just check-in the patients).

Excellent course. Both physicians, nurses, patients and clerks and everybody are going to achieve it. Thank you.

CNA's need to get credit for rapid strep, throat cultures and other procedures that we do. Where does our credit go to? I do not think all of these workers need to have access to everyone's ID#'s because of privacy issues. If they do give access, block our the workers and only the clerks still need to have full access.

I don't know what's useful or not considering I just got hired last week but some of your info is good and could be useful to me someday. When we got into groups and discuss what we need and what could be changed was very good and hopefully will

become useful and work. But one thing I didn't like was having to move from one place to the other every other day. Especially when I don't know my way around Ft Hood....that and it was too long.....the longer it is, the more change you're going to bore and lose people because they are tired. Just trying to help for the future.

Very good if teams continue to function.

Medical Clerk comments:

Course was great! Gives personnel a better idea of the overall health care process. During the presentations from the MEDCOM team, would like to have copies of the slide shows . Would give opportunity to write notes as it was being presented. Where were the donuts?